

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000115161

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** ALL ACCESS HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

6314C PEMBROKE ROAD  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6314C PEMBROKE ROAD  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:** 27-0069554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIN, JEWEL D  
2101 VISTA PARKWAY #273  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

CHIN, JEWEL D  
6314C PEMBROKE ROAD  
MIRAMAR, FL 33023 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEWEL D. CHIN

04/23/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VTD  
Name: CHIN, HEWIE  
Address: 6314C PEMBROKE ROAD  
City-St-Zip: MIRAMAR, FL 33023

Title: PSD  
Name: CHIN, JEWEL D  
Address: 6314C PEMBROKE ROAD  
City-St-Zip: MIRAMAR, FL 33023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEWEL D. CHIN

PSD

04/23/2010

Electronic Signature of Signing Officer or Director

Date