

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130026

**FILED**  
**Mar 18, 2005**  
**Secretary of State**

**Entity Name:** ACCESS AMERICARE HEALTH SERVICES, INC.

## Current Principal Place of Business:

141 NW 20TH STREET  
STE G 104  
BOCA RATON, FL 33428

## New Principal Place of Business:

PYLON PLAZA SOUTH  
STE I-9, 5455 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33487

## Current Mailing Address:

141 NW 20TH STREET  
STE G 104  
BOCA RATON, FL 33428

## New Mailing Address:

PYLON PLAZA SOUTH  
STE I-9, 5455 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33487

**FEI Number:** 52-2415239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 332450605 US

## Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33245 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:

03/18/2005

Electronic Signature of Registered Agent

Date

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RICHARDS, MICHAEL S  
Address: 10215 SLEEPY BROOK WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete  
Name: RICHARDS, CLAUDETTE  
Address: 10215 SLEEPY BROOK WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: T ( ) Delete  
Name: RICHARDS, DANI K  
Address: 10215 SLEEPY BROOK WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: S ( ) Delete  
Name: RICHARDS, MICHAEL A  
Address: 10215 SLEEPY BROOK WAY  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL S. RICHARDS

P

03/18/2005

Electronic Signature of Signing Officer or Director

Date