

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052517

FILED
Apr 16, 2008
Secretary of State

Entity Name: ACCESS MEDICAL INTERNATIONAL, INC.

Current Principal Place of Business:

9000 CYPRESS GREEN DR SUITE 104
JACKSONVILLE, FL 32256

New Principal Place of Business:

9140 GOLFSIDE BLVD
5N
JACKSONVILLE, FL 32256

Current Mailing Address:

9000 CYPRESS GREEN DR SUITE 104
JACKSONVILLE, FL 32256

New Mailing Address:

9140 GOLFSIDE BLVD
5N
JACKSONVILLE, FL 32256

FEI Number: 20-0905092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, ROBERT L
12245 GEHRIG DRIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAPMAN, ROBERT L
Address: 12245 GEHRIG DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT L. CHAPMAN

PRES

04/16/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date