2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # P04000085873 **Secretary of State** 1. Entity Name ACCESS MEDICAL CORPORATION Principal Place of Business Mailing Address P.O. BOX 341 LARGO FL 33779 US P.O. BOX 341 **LARGO FL 33779** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State 75-3157361 Not Applicat \$8.75 Additional Zιρ Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 3. 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. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE DATE Signature hypera or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ #d=" TIBE TITLE ☐ Delete NAME NAME ONTIVEROS, MICHAEL J 10000000466S69 STREET ADDRESS STREET ADDRESS P.O. BOX 341 03/23/06-80015-014 158.75 CITY-ST-ZIP City-St-Zie LARGO FL 33779 Delete IIILE Change 71721 NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IP □ ###** ☐ Delote 330.6 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Delete TITLE Channe TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Adi,"" TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP □ ACC SITIE ☐ Delete TITLE Change MALTE NAME STREET ADDRESS STREET ADDRESS CHY-ST-21P C/TY-S1-792

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

Comparison

**Com