


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 037 ***150.00

DOCUMENT # P05000134762 1. Entity Name HEALTH ACCESS DIRECT, INC.																										
Principal Place of Business 4300 N UNIVERSITY DRIVE STE B-206 LAUDERHILL, FL 33351		Mailing Address 4300 N UNIVERSITY DRIVE STE B-206 LAUDERHILL, FL 33351																								
2. Principal Place of Business - No P.O. Box # 5544 NW 124th Ave Suite, Apt. #, etc.	3. Mailing Address 5544 NW 124th Ave Suite, Apt. #, etc.																									
City & State Coral Springs, FL Zip 33076 County	City & State Coral Springs, FL Zip 33076 Country																									
6. Name and Address of Current Registered Agent WILKINS, PETER 4300 N UNIVERSITY DRIVE STE B-206 LAUDERHILL, FL 33351																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5544 NW 124th Ave City CORAL SPRINGS FL Zip Code 33076																										
8. 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 accept the obligations of registered agent. SIGNATURE <u><i>Peter Wilkins</i></u> DATE <u>5-1-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILKINS, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4300 N UNIVERSITY DRIVE STE B-206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL, FL 33351</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WILKINS, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5544 NW 124th Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33076</td> <td></td> </tr> </table> </div> </div>			TITLE	D	<input type="checkbox"/> Delete	NAME	WILKINS, PETER		STREET ADDRESS	4300 N UNIVERSITY DRIVE STE B-206		CITY-ST-ZIP	LAUDERHILL, FL 33351		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WILKINS, PETER		STREET ADDRESS	5544 NW 124th Ave		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Peter Wilkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

Daytime Phone #