

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030207

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** ACCESS MEDICAL TECHNOLOGY INC

**Current Principal Place of Business:**

1325 NW 93 CT  
SUITE B 102  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1325 NW 93 CT  
SUITE B 102  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 36-4605455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVAS, MARISOL  
1325 NW 93 CT  
SUITE B102  
MIAMI, FL 33172 US

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

MEDINA, STEPHANIE  
1325 NW 93 CT  
SUITE B102  
MIAMI, FL 33172 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: STEPHANIE MEDINA

02/19/2008

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: RIVAS, MARISOL  
Address: 1325 NW 93 CT, SUITE B 102  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MEDINA, STEPHANIE  
Address: 1325 NW 93 CT, SUITE B 102  
City-St-Zip: MIAMI, FL 33172

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: STEPHANIE MEDINA

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02/19/2008

Electronic Signature of Signing Officer or Director

Date