2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063931

Entity Name: XENI PATIENT ACCESS SOLUTIONS, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1020 NW 6TH STREET SUITE I DEERFIELD BEACH, FL 33442					
Current Mailing Address: New M				ng Address:	
1020 NW 6TH STREET SUITE I DEERFIELD BEACH, FL 33442					
FEI Number:	52-2661186	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:	
COLANGELO, VINCENT 1020 NW 6TH STREET SUITE I DEERFIELD BEACH, FL 33442 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADD			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () I BARNES, DAVID 1020 NW 6TH ST DEERFIELD BEA	FREET, SUITE 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I KATZ, STEPHEN 70 GRAND AVEN RIVER EDGE, N	IUE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition COLANGELO, VINCENT 1020 NW 6TH STREET, SUITE I DEERFIELD BEACH, FL 33442	
Title: Name: Address: City-St-Zip:	T () I KATZ, HOWARD 1020 NW 6TH ST DEERFIELD BEA	FREET, SUITE I	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PAUL, KUSHNER 1020 NW 6TH STREET, SUITE I DEERFIELD BEACH, FL 33442	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition DUNNE, PETER 1020 NW 6TH STREET, SUITE I DEERFIELD BEACH, FL 33442	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition STEINER, SHELDON 1020 NW 6TH STREET, SUITE I DEERFIELD BEACH, FL 33442	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition STASTNEY, SHAD 1020 NW 6TH STREET, SUITE I DEERFIELD BAECH, FL 33442	
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: DAVID BARNES CEO 03/11/2009