FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -3 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088017 (7)

1. Corporation Name
HEALTH CARE ACCESS, INC.

Principal Place of Business	Mailing Address
14350 N.E. 6TH AVE. MIAMI FL 33161	14350 N.E. 6TH AVE. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 5701 HOLLYWOOD BL
22 Suite, Apt. #, etc. # A
23 City & State HOLLYWOOD, FL
24 Zip 33021 25 Country BROWARD

2a. Mailing Address
27 5701 HOLLYWOOD BL
28 Suite, Apt. #, etc. # A
29 City & State HOLLYWOOD, FL
30 Zip 33021 Country BROWARD

4. FEI Number: 65-0457484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAZLOFF, HOWARD W
9300 S. DADELAND BLVD.
SUITE 310
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: DONALD E JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 5701 HOLLYWOOD BL # A
83
84 City: HOLLYWOOD FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald E. Johnson
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WHEELER, AUDREY	12 NAME		
STREET ADDRESS	3333 W. COMMERCIAL BLVD., SUITE 200	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, DONALD E	22 NAME		
STREET ADDRESS	14350 N.E. 6TH AVE.	23 STREET ADDRESS	5701 HOLLYWOOD BL # A	
CITY-ST-ZIP	MIAMI FL 33161	24 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald E. Johnson 1/26/95 3059837 Ldp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0173003 CP