FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000069455 (1)**

1. Corporation Name

ACCESS MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
6855 MIRAMAR PARKWAY MIRAMAR FL 33023	1940 HARRISON STREET SUITE 101 HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified: **09/19/1994**
3a. Date of Last Report: **01/27/1995**

4. FEI Number: **65-0523637** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 7845 Pines Blvd	26 3250 N 29 Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Pembroke Pines FL	28 City & State: Hollywood FL
24 Zip: 33024 25 Country: Broward	29 Zip: 33020 30 Country: Broward

9. Name and Address of Current Registered Agent

KUSHER, ROBERT
~~1940 HARRISON STREET~~ 3250 N 29 Avenue
~~SUITE 100~~
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	KUSHER, ROBERT		12 NAME		
STREET ADDRESS	~~1940 HARRISON STREET #101~~		13 STREET ADDRESS	3250 N 29 Avenue	
CITY-ST-ZIP	~~HOLLYWOOD FL~~		14 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		☐ DELETE	21 TITLE	VP	☐ Change ☑ Addition
NAME			22 NAME	craig Lowy	
STREET ADDRESS			23 STREET ADDRESS	3250 N 29 Avenue	
CITY-ST-ZIP			24 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 in the report, or on an attachment with an address.

SIGNATURE: ✓ ROBERT KUSHER 2/7/96 954-925-9085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #