

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000008792 (0)**

1. Corporation Name  
**ACCESS MEDICAL CARE, INC.**

Principal Place of Business <b>3550 W. WATERS AVE. 100 TAMPA FL 33614 US</b>	Mailing Address <b>3550 W. WATERS AVE. 100 TAMPA FL 33614 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 15511 N. FLORIDA AVE.</b>		2a. Mailing Address <b>26 15511 N. FLORIDA AVE.</b>		3. Date Incorporated or Qualified <b>02/02/1995</b>	3a. Date of Last Report <b>03/04/1996</b>
Suite, Apt. #, etc. <b>22 B-4</b>		Suite, Apt. #, etc. <b>27 B-4</b>		4. FEI Number <b>59-3295600</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State <b>23 TAMPA, FL</b>		City & State <b>28 TAMPA, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33613</b>		Zip <b>29 33613</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEVEN R. BARATTA  
3550 W. WATERS AVENUE  
SUITE 100  
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name <b>ALAN S. GASSMAN - ATTORNEY AT LAW</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>GASSMAN &amp; CONETTA, P.A.</b>
83 <b>1245 COURT STREET - SUITE 102</b>
84 City <b>CLEARWATER</b>
85 Zip Code <b>FL 34616</b>

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>ALAN J. IEZZI, M.D.</b>	
STREET ADDRESS <b>15901 N. FLORIDA AVE.</b>	
CITY-ST-ZIP <b>LUTZ FL</b>	
TITLE <b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BENEDICT MANISCALCO, M.D.</b>	
STREET ADDRESS <b>2727 W. DR., M.L.KING JR. BLVD.</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MICHAEL A. BINDER, M.D.</b>	
STREET ADDRESS <b>14499 N. DALE MABRY, SUITE 180</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HERNANDO BERNAL, M.D.</b>	
STREET ADDRESS <b>13802 BRUCE B. DOWNS, BLVD., SUITE 204</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JACK GUGGINO, M.D.</b>	
STREET ADDRESS <b>3115 W. SWANN AVE.</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MORRIS HANAN, M.D.</b>	
STREET ADDRESS <b>508S. HABANA AVE., SUITE 280</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP <b>ZIP - 33549</b>	
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <b>DIRECTOR</b>	
2.3 STREET ADDRESS <b>GEORGE BRICK</b>	
2.4 CITY-ST-ZIP <b>425 S. KINGS AVENUE</b>	
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME <b>DIRECTOR</b>	
3.3 STREET ADDRESS <b>JOHN D. RAMIREZ</b>	
3.4 CITY-ST-ZIP <b>2727 W. ML KING BLVD - SUITE 800</b>	
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME <b>DIRECTOR</b>	
4.3 STREET ADDRESS <b>NAPOLEON PINZON</b>	
4.4 CITY-ST-ZIP <b>7051 W. WATERS AVENUE</b>	
5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME <b>SECRETARY</b>	
5.3 STREET ADDRESS <b>STEVE VOLTAREL</b>	
5.4 CITY-ST-ZIP <b>7051 W. WATERS AVENUE</b>	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE:

**ALAN IEZZI, PRESIDENT**

**(813)963-6682**

CR2E034 (4/97)