2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000011491

FILED May 11, 2004 Secretary of State

Entity Name:	HEALTHAC	CCESS, INC.		,	
Current Principal Place of Business:			New Principal Place	of Business:	
2419 EAST COMMERCIAL BLVD. SUITE 302 FT LAUDERDALE, FL 33308					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2419 EAST CO SUITE 302 FT LAUDERDA					
FEI Number: 65-2	2573261	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SMUCLOVISKY, CLAUDIO 3041 NE 39 STREET FT LAUDERDALE, FL 33308 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	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 304	() D MUCLOVISKY, (141 NE 39 STRE LAUDERDALE	CLAUDIO EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: 304	() D JSH, MICHAEL 141 NE 39 STRE LAUDERDALE	ET .	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDIO SMUCLOVISKY D 05/11/2004