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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000097446 (5)

1. Corporation Name

ACCESS HEALTHMAX, INC.

Principal Place of Business

2012 S ORANGE AVE  
ORLANDO FL 32806

Mailing Address

2012 S ORANGE AVE  
ORLANDO FL 32806-3036

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/20/1995   | 3a. Date of Last Report<br>05/01/1996 |
| 4. FEI Number<br>59-3362938   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MILLER, ROBERT E  
990 DOUGLAS AVE  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |  |
|-----------------|----------------------|--|
| TITLE           | D                    | <input type="checkbox"/> DELETE            |
| NAME            | PAVLIC, DANIEL J     |  |
| STREET ADDRESS  | 2012 S ORANGE AVE    |  |
| CITY - ST - ZIP | ORLANDO FL 32806     |  |
| TITLE           | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | FARWELL, J. MARC     |  |
| STREET ADDRESS  | 2012 SO. ORANGE AVE. |  |
| CITY - ST - ZIP | ORLANDO FL 32806     |  |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                     |  |
|---------------------|---------------------|--|
| 1.1 TITLE           | C/P                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                     |  |
| 1.3 STREET ADDRESS  |                     |  |
| 1.4 CITY - ST - ZIP |                     |  |
| 2.1 TITLE           | D/VB                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | DONALD M. MATHICK   |  |
| 2.3 STREET ADDRESS  | 2012 S. ORANGE AVE. |  |
| 2.4 CITY - ST - ZIP | ORLANDO, FL. 32806  |  |
| 3.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                     |  |
| 3.3 STREET ADDRESS  |                     |  |
| 3.4 CITY - ST - ZIP |                     |  |
| 4.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                     |  |
| 4.3 STREET ADDRESS  |                     |  |
| 4.4 CITY - ST - ZIP |                     |  |
| 5.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                     |  |
| 5.3 STREET ADDRESS  |                     |  |
| 5.4 CITY - ST - ZIP |                     |  |
| 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 on an attachment with an address.

SIGNATURE: *Donald Mathick* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

407 423 4799

CR2E034 (9/96)