

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90074 040 ***150.00

DOCUMENT # P98000031666

1. Entity Name

HEALTH ACCESS PLUS, INC.

C0083161



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 28050 U.S. HIGHWAY 19 N.
 STE. 208
 CLEARWATER FL 33761 28050 U.S. HIGHWAY 19 N.
 STE. 208
 CLEARWATER FL 33761-2627

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-3503662** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUSHEL, ROBERT A
1550 MCMULLEN BOOTH RD
SUITE 142-F3
CLEARWATER FL 33759

Name **STEPHEN H. HAYS**
Street Address (P.O. Box Number is Not Acceptable)
10412 CARROLL COVE PL
City **TAMPA** **FL** **Zip Code** **33612**

8. 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 *[Signature]* **DATE** **4-25-00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUSHEL, ROBERT A 1550 MCMULLEN BOOTH ROAD CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KUSHEL, SUSAN J 1550 MCMULLEN BOOTH ROAD CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPANGA, JOSEPH F 11130 SUNRISE VALLEY DR, STE 206 RESTON VA 20191	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN H. HAYS 10412 CARROLL COVE PL TAMPA, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DATE** **4-25-00** **727-669-7808**
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/99)