2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V11111

FILED Nov 06, 2008 Secretary of State

Entity Name: AMERICAN HEALTH ACCESS, INC. **Current Principal Place of Business: New Principal Place of Business:** 255 ALHAMBRA CIRCLE #600 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 255 ALHAMBRA CIRCLE #600 CORAL GABLES, FL 33134 FEI Number: 65-0453403 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: PFLEGER, JAMES M 255 ALHAMBRA CIR., STE 600 CORAL GABLES, FL 33134 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

Title:

Citv-St-Zip:

OFFICERS AND DIRECTORS:

() Delete

Title:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CORAL GABLES, FL 33134

(X) Change () Addition

PFLEGER, JAMES M PFLEGER, JAMES M Name: Name: 255 ALHAMBRA CIRCLE, #600 255 ALHAMBRA CIRCLE, #600 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US Title: () Delete Title: () Change (X) Addition PFLEGER, JEFFREY A Name: Name: Address: Address: 255 ALHAMBRA CIRCLE, # 600

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFFREY A PFLEGER 11/06/2008 MD