

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11111

FILED  
Jan 30, 2012  
Secretary of State

Entity Name: AMERICAN HEALTH ACCESS, INC.

## Current Principal Place of Business:

255 ALHAMBRA CIRCLE #600  
CORAL GABLES, FL 33134

## New Principal Place of Business:

255 ALHAMBRA CIRCLE #1200  
CORAL GABLES, FL 33134

## Current Mailing Address:

255 ALHAMBRA CIRCLE #600  
CORAL GABLES, FL 33134

## New Mailing Address:

255 ALHAMBRA CIRCLE #1200  
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:

PFLEGER, JAMES M  
255 ALHAMBRA CIR., STE 600  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PFLEGER, JAMES M  
255 ALHAMBRA CIR., STE 1200  
CORAL GABLES, FL 33134 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:

01/30/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: MD  
Name: PFLEGER, JAMES M  
Address: 255 ALHAMBRA CIRCLE, #1200  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MD  
Name: PFLEGER, JEFFREY A  
Address: 255 ALHAMBRA CIRCLE, # 1200  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: JAMES M. PFLEGER

MD

01/30/2012

Electronic Signature of Signing Officer or Director

Date