

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000101757

**Entity Name:** ACCESS MEDICAL HEALTH GROUP INC.

**Current Principal Place of Business:**

401 W ATLANTIC AVE L-14  
DELRAY BEACH , FL 33444

**Current Mailing Address:**

401 W ATLANTIC AVE.  
STE. L-14  
DELRAY BEACH, FL 33444

**FEI Number:** 46-1558676

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JALIL, JIMMY  
401 W ATLANTIC AVE.  
STE. L-14  
DELRAY BEACH, FL 33444 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

**Officer/Director Detail :**

Title P  
Name JALIL, JIMMY  
Address 401 W. ATLANTIC AVE STE L-14  
City-State-Zip: DELRAY BEACH FL 33444

*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:** JIMMY JALIL

**PRESIDENT**

**01/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date