

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000022999

**FILED
Feb 28, 2014
Secretary of State
CC5572018468**

Entity Name: ACCESS MEDICAL HEALTH PLAN CORP

Current Principal Place of Business:

2473 CARE DRIVE
SUITE 102
TALLAHASSEE, FL 32308

Current Mailing Address:

2473 CARE DRIVE
SUITE 102
TALLAHASSEE, FL 32308

FEI Number: 46-2218398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATURE COAST WOMENS CARE, LLC
2473 CARE DRIVE
SUITE 102
TALLAHASSEE, FL 32308 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 OKOROJI, CHUKWUMA MMD
Address 2473 CARE DRIVE, SUITE 102
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name INWANG, EMMANUEL PPHARMD
Address 2473 CARE DRIVE, SUITE 102
City-State-Zip: TALLAHASSEE FL 32308

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: CHUKWUMA M OKOROJI

PRESIDENT

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date