# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 06, 2009**
**Secretary of State**

DOCUMENT# P05000028483

**Entity Name:** ACCESS ONE CONSUMER HEALTH, INC.

**Current Principal Place of Business:**

84 VILLA RD
GREENVILLE, SC 29615

**New Principal Place of Business:**

**Current Mailing Address:**

84 VILLA RD
GREENVILLE, SC 29615

**New Mailing Address:**

**FEI Number: 01-0830024** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E.GAINES ST.
TALLAHASSEE, FL 32399 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: ADAMS, C. DANIEL
Address: 84 VILLA RD
City-St-Zip: GREENVILLE, SC 29615

Title: DST ( ) Delete
Name: CRAWFORD, JULIAN
Address: 84 VILLA RD
City-St-Zip: GREENVILLE, SC 29615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RESCHIN MOORE MGR 03/06/2009

Electronic Signature of Signing Officer or Director — Date