2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90032 015 ****70.00

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DOCUMENT # 748142

1. Entity Name
HEALTH RESOURCE ALLIANCE OF PASCO, INC.

Principal Place of Business	Mailing Address
37946 CHURCH AVE. DADE CITY, FL 33525 US	PO BOX 2305 DADE CITY, FL 33526-2305 US

03022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1964612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ *$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MELANCON, RONALD A~~ Dorothy Knight
37946 CHURCH AVE.
DADE CITY, FL 33525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorothy Knight 3/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MELANCON, RONALD 37946 CHURCH AVE. DADE CITY, FL 33525	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Dorothy Knight 37946 Church Ave. Dade City, FL 33525	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANCHEZ, DIANA 37837 HART CIRCLE ZEPHYRHILLS, FL 33539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CH SIMPSON, WILTON PO BOX 721 DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLANFORD, ISA 13911 19TH ST DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD JONES, SANDRA 13981 PARADISE LANE DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Knight 3/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #