

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001095

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: ALLIANCE HEALTHCARD OF FLORIDA, INC.

**Current Principal Place of Business:**

3600 HOLLY GROVE AVE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

2500 PARKWAY LANE, STE 720  
NORCROSS, GA 30092

**New Mailing Address:**

3500 PARKWAY LANE, STE 720  
NORCROSS, GA 30092

FEI Number: 20-2298427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHIEF FINANCIAL OFFICER  
P.O. 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: CP ( ) Delete  
Name: KISER, THOMAS W  
Address: 11255 BROOK HOLLOW TRAIL  
City-St-Zip: ALPHARETTA, GA 30022

Title: S ( ) Delete  
Name: GARCES, ROBERT D  
Address: 3600 HOLLY GROVE AVE  
City-St-Zip: JACKSONVILLE, FL 32217

**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 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: THOMAS KISER

CP

03/10/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date