2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073615

Entity Name: TECHHEALTH, INC.

FILED Apr 20, 2004 Secretary of State

Littly Nan	ie. ILCHIIL	ALITI, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
8800 GRAND OAK CIRCLE SUITE 510 TAMPA, FL 339372003				8800 GRAND OAK CIRCLE SUITE 510 TAMPA, FL 33637			
Current Mailing Address:				New Mailing Address:			
3800 GRAND OAK CIRCLE BUITE 510 FAMPA, FL 339372003			8800 GRAND OAK CIRCLE SUITE 510 TAMPA, FL 33637				
FEI Number:	59-3597243	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:		Name and	Address o	of New Registered Agent:	
101 E. KEN STE. 2700	HARLES M E INEDY BLVD. . 33602 US	SQ.					
The above in the State		submits this statement for the p	urpose o	f changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent					Date		
Election Cam	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () KIERNAN, PETI 428 ROUND HII GREENWICH, (LL ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KLEINNOCK, L 318 ROCKINGH LOS ANGELES	HAM AVENUE		Title: Name: Address: City-St-Zip:	318 ROCKI	(X) Change () Addition K, LEONARD NGHAM AVENUE LES, CA 90049	
Title: Name: Address: City-St-Zip:	D () REEVE, CHRIS 11 GREAT HILL BEDFORD, NY	. FARMS ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SWEET, THOM	AK CIRCLE STE 510		Title: Name: Address: City-St-Zip:	CEOD SWEET, TH 8800 GRAN TAMPA, FL	ID OAK CIRCLE STE 510	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CFOV BERRY, RI 8800 GRAN TAMPA, FL	ID OAK CIRCLE STE 510	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 R. SWEET CEOD 04/20/2004