

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073615

FILED
Jun 24, 2004
Secretary of State

Entity Name: TECHHEALTH, INC.

Current Principal Place of Business:

8800 GRAND OAK CIRCLE
SUITE 510
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8800 GRAND OAK CIRCLE
SUITE 510
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-3597243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, CHARLES M ESQ.
101 E. KENNEDY BLVD.
STE. 2700
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIERNAN, PETER D III
Address: 428 ROUND HILL ROAD
City-St-Zip: GREENWICH, CT 06831

Title: D () Delete
Name: KLEINROCK, LEONARD
Address: 318 ROCKINGHAM AVENUE
City-St-Zip: LOS ANGELES, CA 90049

Title: D () Delete
Name: REEVE, CHRISTOPHER
Address: 11 GREAT HILL FARMS ROAD
City-St-Zip: BEDFORD, NY 10506

Title: CEO () Delete
Name: SWEET, THOMAS R
Address: 8800 GRAND OAK CIRCLE STE 510
City-St-Zip: TAMPA, FL 33637

Title: CFO () Delete
Name: BERRY, RICHARD C
Address: 8800 GRAND OAK CIRCLE STE 510
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KIERNAN, PETER D III
Address: 8800 GRAND OAK CIRCLE STE 510
City-St-Zip: TAMPA, FL 33637

Title: D (X) Change () Addition
Name: KLEINROCK, LEONARD
Address: 8800 GRAND OAK CIRCLE STE 510
City-St-Zip: TAMPA, FL 33637

Title: D (X) Change () Addition
Name: REEVE, CHRISTOPHER
Address: 8800 GRAND OAK CIRCLE STE 510
City-St-Zip: TAMPA, FL 33637

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 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

06/24/2004

Electronic Signature of Signing Officer or Director

Date