

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003598

FILED
Mar 23, 2005
Secretary of State

Entity Name: STRATEGIC HEALTH ALLIANCE MANAGEMENT CORP.

Current Principal Place of Business:

630 MORRISON ROAD, SUITE 150
GAHANNA, OH 43223 US

New Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 941045203 US

Current Mailing Address:

ONE POST STREET
ATTN: GLENETTE E BABB - 33RD FLOOR
SAN FRANCISCO, CA 94104 US

New Mailing Address:

FEI Number: 31-1522092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301 US

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:

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JULIAN, PAUL C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VSD () Delete
Name: VEACO, KRISTINA
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VTD () Delete
Name: LOIACONO, NICHOLAS A
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS () Delete
Name: BABB, GLENETTE E
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS () Delete
Name: SHUFORD, ANNE J
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS () Delete
Name: PENWAY, SUSAN
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GLENETTE E BABB

AS

03/23/2005

Electronic Signature of Signing Officer or Director

Date