

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005371

FILED
Jan 16, 2004
Secretary of State

Entity Name: HEALTHCARE ASSURANCE CORPORATION

Current Principal Place of Business:

PO BOX 51686
KNOXVILLE, TN 37950

New Principal Place of Business:

Current Mailing Address:

PO BOX 51686
KNOXVILLE, TN 37950

New Mailing Address:

FEI Number: 62-1357135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKIBBEN, R. BRUCE P.A.
1435 E. PIEDMONT DR., STE. 214
TALLAHASSEE, FL 32308 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: BALL, WILLIAM
Address: 322 NANCY LYNN LN., STE. 17
City-St-Zip: KNOXVILLE, FL 37919

Title: DS () Delete
Name: WALLACE, JEFFREY
Address: 322 NANCY LYNN LN., STE. 17
City-St-Zip: KNOXVILLE, TN 37950

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 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: WILLIAM H. BALL, JR.

PRES

01/16/2004

Electronic Signature of Signing Officer or Director

Date