

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005059

FILED
Apr 29, 2004
Secretary of State

Entity Name: ALLIANCE HEALTHCARE CORPORATION

Current Principal Place of Business:

4350 W CYPRESS AVE,SUITE 830
TAMPA, FL 33607

New Principal Place of Business:

15511 N FLORIDA AVE
SUITE F
TAMPA, FL 33613

Current Mailing Address:

4350 W CYPRESS AVE,SUITE 830
TAMPA, FL 33607

New Mailing Address:

15511 N FLORIDA AVE
SUITE F
TAMPA, FL 33613

FEI Number: 73-1307918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JOHN
4350 W.CYPRESS AVE,SUITE 830
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

WOODS, JOHN
15511 N FLORIDA AVE
SUITE F
TAMPA, FL 33613 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: JOHN WOODS

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODS, PATRICK
Address: 5121 ROLLING FAIRWAY DR
City-St-Zip: VALRICO, FL 33594

Title: VS () Delete
Name: WOODS, CHERYL
Address: 5121 ROLLING FAIRWAY DRIVE
City-St-Zip: VALRICO, FL 33594

Title: P () Delete
Name: WOODS, JOHN L
Address: 4350 W.CYPRESS AVE,SUITE 830
City-St-Zip: TAMPA, FL 33607

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:

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: JOHN WOODS

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date