

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005059

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ALLIANCE HEALTHCARE CORPORATION

## Current Principal Place of Business:

15511 N FLORIDA AVE  
SUITE F  
TAMPA, FL 33613

## New Principal Place of Business:

1527 N. DALE MABRY HWY  
103  
LUTZ, FL 33548

## Current Mailing Address:

15511 N FLORIDA AVE  
SUITE F  
TAMPA, FL 33613

## New Mailing Address:

1527 N. DALE MABRY HWY  
103  
LUTZ, FL 33548

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  
15511 N FLORIDA AVE  
SUITE F  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

WOODS, JOHN  
1527 N. DALE MABRY HWY  
103  
LUTZ, FL 33548 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:

04/30/2009

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 exemption stated in Chapter 119, 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

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date