2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# F93000005059

Entity Name: ALLIANCE HEALTHCARE CORPORATION

Current Principal Place of Business:

1527 N. DALE MABRY HWY
103
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

1527 N. DALE MABRY HWY
103
LUTZ, FL 33548

New Mailing Address:

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
1527 N. DALE MABRY HWY
103
LUTZ, FL 33548 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

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN WOODS PRES 03/15/2011

Electronic Signature of Signing Officer or Director — Date