SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000005590 (4)**

1. Corporation Name

INNOVATIVE HEALTH ALLIANCES, INC.

Principal Place of Business	Mailing Address
600 WILSON LANE MERCHANICSBURG PA 17055	600 WILSON LANE MERCHANICSBURG PA 17055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **25-1698415** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, if changing registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President + Director ☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A	12 NAME	
STREET ADDRESS	600 WILSON LANE	13 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KRAUSE, KEVIN L	22 NAME	
STREET ADDRESS	600 WILSON LANE	23 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MACLEAN, LISA L	32 NAME	
STREET ADDRESS	600 WILSON LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	SVP + CFO ☑ Change ☐ Addition
NAME	[redacted]	42 NAME	Michael E. Tarvin
STREET ADDRESS	600 WILSON LANE	43 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, DENNIS L	52 NAME	
STREET ADDRESS	600 WILSON LANE	53 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	NATION, DAVID G	62 NAME	
STREET ADDRESS	600 WILSON LANE	63 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael E Tarvin — 7/13/95 — (717) 790-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0174800 FP