

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005590 (4)

1. Corporation Name

INNOVATIVE HEALTH ALLIANCES, INC.

Principal Place of Business

600 WILSON LANE
MECHANICSBURG PA 17055

Mailing Address

600 WILSON LANE
MECHANICSBURG PA 17055



3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

07/21/1995

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

2. Principal Place of Business

2a. Mailing Address

21 6001 Indian School Road

26 6001 Indian School Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Albuquerque, NM

28 Albuquerque, NM

Zip

Country

Zip

Country

24 87110

25 US

29 87110

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and date acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE Director ☒ Change ☐ Addition

NAME ORTENZIO, ROBERT A

1.2 NAME

STREET ADDRESS 600 WILSON LANE
CITY-ST-ZIP MECHANICSBURG PA

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V ☒ DELETE

2.1 TITLE Vice President ☐ Change ☒ Addition

NAME KRAUSE, KEVIN L

2.2 NAME

STREET ADDRESS 600 WILSON LANE
CITY-ST-ZIP MECHANICSBURG PA 17055

2.3 STREET ADDRESS 600 Wilson Lane
2.4 CITY-ST-ZIP Mechanicsburg, PA 17055

TITLE V ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MACLEAN, LISA L

3.2 NAME

STREET ADDRESS 600 WILSON LANE
CITY-ST-ZIP MECHANICSBURG PA 17055

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VPAS ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME TARVIN, MICHAEL E.

4.2 NAME

STREET ADDRESS 600 WILSON LANE
CITY-ST-ZIP MECHANICSBURG PA

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VT ☒ DELETE

5.1 TITLE Vice President/ Treasurer ☐ Change ☒ Addition

NAME LEHMAN, DENNIS L

5.2 NAME

STREET ADDRESS 600 WILSON LANE
CITY-ST-ZIP MECHANICSBURG PA 17055

5.3 STREET ADDRESS 600 Wilson Lane
5.4 CITY-ST-ZIP Mechanicsburg, PA 17055

TITLE V ☒ DELETE

6.1 TITLE V. P. & Sec. ☐ Change ☒ Addition

NAME NATION, DAVID G

6.2 NAME

STREET ADDRESS 600 WILSON LANE
CITY-ST-ZIP MECHANICSBURG PA 17055

6.3 STREET ADDRESS 600 Wilson Lane
6.4 CITY-ST-ZIP Mechanicsburg, PA 17055

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

(717) 790-8300

Daytime Phone #

CR2E034 (12/95)