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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

6001 INDIAN SCHOOL RD
ALBUQUERQUE NM 87110
US

Mailing Address

6001 INDIAN SCHOOL RD
ALBUQUERQUE NM 87110-4139
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

03/15/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORTENZIO, ROBERT A	
STREET ADDRESS	600 WILSON LANE	
CITY - ST - ZIP	MECHANICSBURG PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WATTS, RANDALL	
STREET ADDRESS	600 WILSON LANE	
CITY - ST - ZIP	MECHANICSBURG PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MACLEAN, LISA L	
STREET ADDRESS	600 WILSON LANE	
CITY - ST - ZIP	MECHANICSBURG PA 17055	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	TARVIN, MICHAEL E.	
STREET ADDRESS	600 WILSON LANE	
CITY - ST - ZIP	MECHANICSBURG PA	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	ROMBERGER, SCOTT	
STREET ADDRESS	600 WILSON LANE	
CITY - ST - ZIP	MECHANICSBURG PA	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	WELSH, DEBORAH MYERS	
STREET ADDRESS	600 WILSON LANE	
CITY - ST - ZIP	MECHANICSBURG PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	SEE ATTACHED
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Date

Daytime Phone #

CR2E034 (9/96)

INNOVATIVE HEALTH ALLIANCES, INC.
List of Officers and Directors

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Anthony F. Misitano	President	600 Wilson Lane Mechanicsburg, PA 17055
Neal M. Elliott	Director	6001 Indian School Rd NE Albuquerque, NM 87110
Scott A. Romberger	Vice President, Treasurer	600 Wilson Lane Mechanicsburg, PA 17055
Michael E. Tarvin	Vice President, Asst. Sec.	600 Wilson Lane Mechanicsburg, PA 17055
Lisa L. MacLean	Exec. Vice-President	600 Wilson Lane Mechanicsburg, PA 17055
Charles H. Gonzales	Sr. Vice-President	6001 Indian School Rd NE Albuquerque, NM 87110
Ernest A. Schofield	Sr. Vice-President, CFO	6001 Indian School Rd NE Albuquerque, NM 87110
Scot Sauder	Vice-President, Secretary	6001 Indian School Rd NE Albuquerque, NM 87110
Doug Warrick	Vice-President-Taxation	6001 Indian School Rd NE Albuquerque, NM 87110
Sean Dailey	Vice-President-Finance	6001 Indian School Rd NE Albuquerque, NM 87110
Jacqueline Gordon	Asst. Secretary	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officer & Director terms expire September 30, 1997