## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400005590 (4)

INNOVATIVE HEALTH ALLIANCES, INC.

Principal Place of Business

8001 INDIAN SCHOOL RD ALBUQUEROUE NM 87110 Mailing Address

6001 INDIAN SCHOOL RD ALBUQUERQUE NM 87110

## FILED May 21 1998 8:00am Secretary of State



ALBUQUEROUE NM 87110 US				ALBUQUEROUE NM B7110 US					DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualified 10/27/1994					
A 67 1-36	VI		1							<del>}</del>				
2. Principal Place of Business 21 ONE HEALTHSOUTH PARKWAY				28. Mailing Address					4. FEI Number 25-16984	<b>1</b> E		<del> </del>	Applied For	
				26 P O BOX 380546 Suite, Apt. #, etc.					20-10904	10			Not Applicable	
Suite, Apt. #, etc.				Stille, Apr. #, etc.					5. Certificate of S	tatus Desired		<b>*</b>	Additional Required	
City & State				City & State					6. Election Camp	aign Financing		\$5.0	May Be	
23 BIRMINGHAM, AL				28 BIRMINGHAM, AL					Trust Fund Cor				to Fees	
Zip	Country			Zip Co			ountry		8. This corporation	on owes or has p	aid the cur	rent year i	ntangible	
24 35243	<b>:</b>	25 U.S.	29	35238	30	U.S			Personal Prope	erty Tax due Jun	ю 30.	Yes	□ No	
		and Address of Curren	t Registe	ered Agent		ļ		1	10. Name and Ad	dress of New R	egistered	Agent		
CT	CORPOR/	ATION SYSTEM				B1	Name							
129	00 <b>\$</b> . PINE	ISLAND RD.		82 Street Ad			Address	(P.O. Box Number	er is Not Accenta	able)				
PLANTATION FL 33324				Silver Silver			0							
						83								
						84	O:L				,·=·	Jac 1 7:-	Code	
						54	City				FL	<b>85</b> Zip	Code	
11. Pursuant	to the provis	ions of Sections 607.050	2 and 60	7.1508, Florida Statu	ites, the a	above-r	named	corpora	ation submits this s	tatement for the	purpose of	changing	its registered	
office or r	regi <b>ste</b> red ag ım <b>fam</b> illər w	sions of Sections 607.050; gent, or both, in the State ith, and accept the obliga	of Florida ations of	a. Such change was Section 607 0505. E	authorize Iorida Sta	ed by the	he corp	oration'	's board of director	rs. I hereby acci	ept the app	cintment a	s registered	
	on ignimizer w	in, and accept the congr	100110 01,	COOLIGIT 607.0000, 7	ionod ott								i	
SIGNATURE	Signature, typico	or printed name of registered age	ut and the d	Lappicable (NO	IL: Register	ed Agent	signature	required w	vhen reinstating)		DATE			
12.		OFFICERS AND	DIREC	TORS	13.	•			ADDITIONS/CH.	ANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	P			X DELETE	1.11	TILE		P				Change	X Addition	
NAME		NO, ANTHONY F			1.21	IAME		P. D	DARYL BROW	N			1	
STREET ADDRESS 600 WILSON LANE				1.3 9		STREET AC	DDRESS	ONE	HEALTHSOU!	PE PARKWA	<sub>2</sub> y		į:	
CITY-ST-ZIP MECHANICSBURG PA				1.41			71P	B) RM	IINGRAM, AI	1 35243			Į:	
TITLE	D			X DELETE	2.1 1			VP/S				Change	X Addition	
NAME	AME ELLIOT, NEAL M			2.21		NAME ANT		ANTH	IONY J. TAI	NNF.R			i	
STREET ADDRESS 6001 INDIAN SCHOOL DR NE				2.3 \$			ODRESS	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Ϋ́		ľ	
CITY-ST-ZIP ALBEQUERQUE NM				ì			)		INGHAM. A				j	
TITLE	VPT			X DELETE	3.11			VP/I				Change	X Addition	
NAME	ROMBERGER, SCOTT A			3.2 N		2 NAME MI			HAEL D. MAI	RTIN				
STREET ADDRESS	AND HAIL CONTTANT			338			DRESS	ONE	HEALTHSOU?	TH PARKWA	Y			
City-St-Zip		NICSBURG PA			1	CITY-ST-	1		INGHAM, A				1	
TITLE	VPAS			X DELETE	4.1 7			CCB/				Change	Addition	
NAME	TARVIN, MICHAEL E							-	ARD M. SCI	RTSBY			## · · ·	
STREET ADDRESS		SON LANE				TREET AD			HEALTHSOU!		v			
	1	NICSBURG PA			1	CITY-ST-		1			r)			
CITY-ST-ZIP TITLE	EVP			DELETE	511			Ah Diku	ungham, ai	L 33243		Change	Addition	
		AN, LISA L		X, VIII.		IAME		_	ARD E. BOT	ייזיכ		- Ondrigo	AT MORROW	
NAME		SON LANE							HEALTHSOU?		v			
STREET ADDRESS		NICSBURG PA			1						į. J		}	
CITY-ST-ZIP	SVP	THOUSUNG FA		X DELETE		ITY-ST-			ENGHAM, AI	L 35243		Change	X Addition	
TITLE		LEZ, CHARLES H		X) neters	6.11			VP/D		nemen.		□1 Anange	DC) Addition	
NAME			•			IAME			S P. BENNI					
STREET ADDRESS 6001 INDIAN SCHOOL RD NE ALBEQUERQUE NM									HEALTHSOUT		Υ			
CITY-ST-ZIP			N. 45.7- 71		6.40	ITY-ST-	ZIP .	BIRM	INGHAM, AI	35243	t fourth	-416 . Al4 .**	a information	
indicated	certify that th on this auriu	ie information supplied wi Jal report or supplementa	im mis tili Laan <u>ua</u> l	ing does not <b>qualify</b> report is true <b>and a</b> c	ior the ex curațe ar	emption	on state∈ my sigr	a in Sec nature s	ction 119.07(3)(i), l shall have the same	rionda Statutes. e legal effect as	if made un	irury that th der oath, t	hat fam an	
officer or Block 12	director of the or Block 13	e information supplied wi lat report or supplementa ne corpordion or the rece if changed, or on an attac	eiver of tr etiment v	ustee empowered to viri ary ddress.	execute	this re	port as	require	d by Chapter 607,	Florida Statutes	; and that r	ny namé a	ppears in	