

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005590

1. Entity Name

INNOVATIVE HEALTH ALLIANCES, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90313 004 ***150.00

Principal Place of Business	Mailing Address
HEALTHSOUTH PKWY AL 35243	P.O. BOX 380546 BIRMINGHAM AL 35238-0546 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	25-1698415	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BROWN, P DARYL <input checked="" type="checkbox"/> Delete	TITLE	P ROBERT E. THOMSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HEALTHSOUTH PKWY	NAME	ONE HEALTHSOUTH PARKWAY
STREET ADDRESS	BIRMINGHAM AL 35243	STREET ADDRESS	BIRMINGHAM, AL 35243
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPSD TANNER, ANTHONY J <input checked="" type="checkbox"/> Delete	TITLE	DVS BRANDON O. HALE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HEALTH SOUTH PKWY	NAME	ONE HEALTHSOUTH PARKWAY
STREET ADDRESS	BIRMINGHAM AL 35243	STREET ADDRESS	BIRMINGHAM, AL 35243
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPT MARTIN, MICHAEL D <input checked="" type="checkbox"/> Delete	TITLE	VT WILLIAM T. OWENS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HEALTHSOUTH PKWY	NAME	ONE HEALTHSOUTH PARKWAY
STREET ADDRESS	BIRMINGHAM AL 35243	STREET ADDRESS	BIRMINGHAM, AL 35243
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V BOTTS, RICHARD E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 HEALTHSOUTH PKWY	NAME	
STREET ADDRESS	BIRMINGHAM AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CD SCRUSHY, RICHARD M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 HEALTHSOUTH PKWY	NAME	
STREET ADDRESS	BIRMINGHAM AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD BENNETT, JAMES P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 HEALTHSOUTH PKWY	NAME	
STREET ADDRESS	BIRMINGHAM AL 35243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. BOTTS 4/27/00 (205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)