2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77192

FILED Apr 25, 2008 Secretary of State

Entity Name: FLORIDA HEALTH ALLIANCE CORPORATION

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1061 RIVERSI JACKSONVILL		4			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1061 RIVERSI JACKSONVILI		4			
FEI Number: 59-2	2316866	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of No				New Registered Agent:	
SIMPSON, BR 1061 RIVERSI JACKSONVILI	DE AVE., 21				
Γhe abo∨e nar n the State of ∣		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Age	nt	Date	
Election Campai	gn Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 10	O () [MPSON, BRYA 61 RIVERSIDE CKSONVILLE,	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Address: 10	() [ACKEN, MICH 61 RIVERSIDE CKSONVILLE,	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN SIMPSON, JR. CEO 04/25/2008