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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N93000000370 (7)

1. Corporation Name

NATIONAL HEALTH ALLIANCE, INC.

Your error! National Animal Health Alliance, Inc

Principal Place of Business	Mailing Address
36311 TOMKOW LANE TRILBY FL 33593 US	P O BOX 351 TRILBY FL 33593 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3161970	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, HUGH
2621 ARIZONA STREET
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CHARLENE	1.2 NAME	
STREET ADDRESS	P O BOX 351 / 36311 TOMKOW LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRILBY FL 33593	1.4 CITY-ST-ZIP	
TITLE	~~VP~~ Secretary	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	SMITH, HUGH	2.2 NAME	Smith, Hugh
STREET ADDRESS	P O BOX 351 / 36311 TOMKOW LANE	2.3 STREET ADDRESS	P.O. Box 351 / 36311 Tomkow Ln
CITY-ST-ZIP	TRILBY FL 33593	2.4 CITY-ST-ZIP	Trilby FL 33593
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STICKNEY, TOM	3.2 NAME	
STREET ADDRESS	5920 SW 63RD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	STICKNEY, MICHELE	4.2 NAME	200001420522
STREET ADDRESS	5920 SW 63RD COURT	4.3 STREET ADDRESS	-03/03/95--01041--008
CITY-ST-ZIP	MIAMI FL 33143	4.4 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RAPPA, THERESA	5.2 NAME	
STREET ADDRESS	4341 SW 24 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	5.4 CITY-ST-ZIP	
TITLE	Howard Peiper Vice Pres.	6.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	132 W. Pocono Trail	6.2 NAME	Peiper, Howard
STREET ADDRESS	Nokomis FL 34275	6.3 STREET ADDRESS	132 W. Pocono Trail
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Nokomis, FL 34275

14. I/We 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/16/95 904/580-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003210