

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000000370 (7)**

1. Corporation Name

NATIONAL HEALTH ALLIANCE, INC.



Principal Place of Business

Mailing Address

**36311 TOMKOW LANE
TRILBY FL 33593
US**

**P O BOX 351
TRILBY FL 33593
US**

3. Date Incorporated or Qualified
01/28/1993

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **37529 Trilby Rd**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 **Trilby FL**

29 Zip

25 **33593**

30 Country

26 **USA**

27 Country

28 **FL**

29 Zip Code

30 **33593**

31 City

32 **FL**

33 Zip Code

34 **33593**

35 City

36 **FL**

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68 **FL**

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70 **33593**

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78 **33593**

79 City

80 **FL**

81 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLENE	
STREET ADDRESS	P O BOX 351 / 36311 TOMKOW LANE	
CITY - ST - ZIP	TRILBY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, HUGH	
STREET ADDRESS	P O BOX 351 / 36311 TOMKOW LANE	
CITY - ST - ZIP	TRILBY FL 33593	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STICKNEY, TOM	
STREET ADDRESS	5920 SW 63RD COURT	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STICKNEY, MICHELE	
STREET ADDRESS	5920 SW 63RD COURT	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAPPA, THERESA	
STREET ADDRESS	4341 SW 24 STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL 33317	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEIPER, HOWARD	
STREET ADDRESS	132 POCONO TRAIL	
CITY - ST - ZIP	NOKOMIS FL 34275	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Smith Charlene	
13 STREET ADDRESS	P O Box 351 37529 Trilby Rd	
14 CITY - ST - ZIP	Trilby FL 33593	
21 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Smith Hugh	
23 STREET ADDRESS	P O Box 351 37529 Trilby Rd	
24 CITY - ST - ZIP	Trilby FL 33593	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Knapp Elizabeth	
33 STREET ADDRESS	35071 Oakley Dr	
34 CITY - ST - ZIP	Dade City FL 33525	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Knapp John	
43 STREET ADDRESS	35071 Oakley Dr	
44 CITY - ST - ZIP	Dade City FL 33525	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

Date

904/5832770

Daytime Phone #

CR2E037 (12/95)