2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P01000090741

Entity Name: HEALTH-ALLIANCE INJURY AND PAIN MANAGEMENT, INC.

Current Principal Place of Business:

2760 SW 97 AVE
SUITE 111 & 112
MIAMI, FL 33165

New Principal Place of Business:

9301 SW MILLER DRIVE
SUITE E
MIAMI, FL 33165

Current Mailing Address:

2760 SW 97 AVE
SUITE 111 & 112
MIAMI, FL 33165

New Mailing Address:

9301 SW MILLER DRIVE
SUITE E
MIAMI, FL 33165

FEI Number: 65-1142339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, RITA E
1187 NW 125TH COURT
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRUZ, RITA
Address: 1187 NW 125TH COURT
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RITA CRUZ OWNE 04/26/2004

Electronic Signature of Signing Officer or Director — Date