



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000016508 1. Entity Name WORLD HEALTH ALTERNATIVES INC.						FILED 05 OCT -5 PM 4:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 777 PENN CENTER BLVD. SUITE 111 PITTSBURGH, PA 15235				Mailing Address 777 PENN CENTER BLVD. SUITE 111 PITTSBURGH, PA 15235			
2. Principal Place of Business		3. Mailing Address		 09292005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 04-3613924				Applied For <input type="checkbox"/> 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 % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE 10/05/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, RICHARD E <input checked="" type="checkbox"/> Delete 777 PENN CENTER BLVD., SUITE 111 PITTSBURGH, PA 15235			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF RESTRUCTURING OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCOTT PHILLIPS 777 PENN CENTER BLVD., SUITE 111 PITTSBURGH, PA 15235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input type="checkbox"/> Delete SERCU, JOHN 777 PENN CENTER BLVD., SUITE 111 PITTSBURGH, PA 15235			TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR. DAVID FRIEND 777 PENN CENTER BLVD., SUITE 111 PITTSBURGH, PA 15235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JACKSON, FREDRICK R SR 777 PENN CENTER BLVD., SUITE 111 PITTSBURGH, PA 15235			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HIGBEE, JOHN W 777 PENN CENTER BLVD., SUITE 111 PITTSBURGH, PA 15235			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10/20/05 Daytime Phone # 412-829-7800			