

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044571

Entity Name: J. ALLEN HEALTH, INC.

FILED  
Mar 22, 2004  
Secretary of State

**Current Principal Place of Business:**

1331 E. LAFAYETTE ST., STE. D  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

8800 GREEN OAK DR.  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

1331 E. LAFAYETTE ST., STE. D  
TALLAHASSEE, FL 32301

**New Mailing Address:**

8800 GREEN OAK DR.  
TALLAHASSEE, FL 32317

FEI Number: 41-2040116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ACHLER, LAWRENCE M  
8800 GREEN OAK DR.  
TALLAHASSEE, FL 32317

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: LAWRENCE M. ACHLER

03/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ACHLER, LAWRENCE M  
Address: 1331 E. LAFAYETTE ST., STE. D  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete  
Name: BERTOLDI, MICHELE A  
Address: 1331 E. LAFAYETTE ST., STE. D  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ACHLER, LAWRENCE M  
Address: 8800 GREEN OAK DR.  
City-St-Zip: TALLAHASSEE, FL 32301

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: LAWRENCE M. ACHLER

P

03/22/2004

Electronic Signature of Signing Officer or Director

Date