## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000080995

Entity Name: GOOD HEALTH ALLIANCE, INC.

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2904 BAY TO BAY BLVD 2904 WEST BAY TO BAY BLVD

TAMPA, FL 33629 TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

2904 BAY TO BAY BLVD 2904 WEST BAY TO BAY BLVD

TAMPA, FL 33629 TAMPA, FL 33629

FEI Number: 22-3861115 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:

BODDEN, MICHELL J 2904 BAY TO BAY BLVD BODDEN, MICHELL J 2904 WEST BAY TO BAY BLVD

TAMPA, FL 33629 TAMPA, FL 33629

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: MITCHELL J. BODDEN 04/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BODDEN, MITCHELL J

 Address:
 910 S LAKEVIEW RD
 Address:
 910 S LAKEVIEW RD

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609

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: MITCHELL J. BODDEN D 04/19/2004