

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000080995

FILED
Dec 22, 2004
Secretary of State**Entity Name:** GOOD HEALTH ALLIANCE, INC.**Current Principal Place of Business:**2904 WEST BAY TO BAY BLVD
TAMPA, FL 33629**New Principal Place of Business:**2904 WEST BAY TO BAY BLVD
STE 200
TAMPA, FL 33629**Current Mailing Address:**2904 WEST BAY TO BAY BLVD
TAMPA, FL 33629**New Mailing Address:**2904 WEST BAY TO BAY BLVD
STE 200
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:**BODDEN, MICHELL J
2904 WEST BAY TO BAY BLVD
TAMPA, FL 33629 US**Name and Address of New Registered Agent:**LANIGAN, DAVID C
10927 NORTH 56TH STREET
TAMPA, FL 33617-300 US

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: DAVID C. LANIGAN

12/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BODDEN, MITCHELL J
Address: 910 S LAKEVIEW RD
City-St-Zip: TAMPA, FL 33609**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D,S (X) Change () Addition
Name: BODDEN, BARBARA SEC/TRE
Address: 910 S LAKEVIEW RD
City-St-Zip: TAMPA, FL 33609**Title:** D, P () Change (X) Addition
Name: HERMIDA, ROBERT R PRES
Address: 3712 ORANGEPOINTE RD
City-St-Zip: VALRICO, FL 33594BORO US

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: ROBERT R. HERMIDA

PRES

12/22/2004

Electronic Signature of Signing Officer or Director

Date