

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000080995

1. Entity Name
GOOD HEALTH ALLIANCE, INC.



Principal Place of Business
**2904 WEST BAY TO BAY BLVD
STE 200
TAMPA, FL 33629**

Mailing Address
**2904 WEST BAY TO BAY BLVD
STE 200
TAMPA, FL 33629**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3861115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANIGAN, DAVID C
10927 NORTH 56TH STREET
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000402277
02/03/06-80001-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BODDEN, MITCHELL J
STREET ADDRESS 2904 W. BAY TO BAY BLVD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE TD
NAME HERMIDA, ROBERT R
STREET ADDRESS 3712 ORANGEPOINTE RD
CITY-ST-ZIP VALRICO, FL 33594BORO

TITLE SD
NAME BODDEN, BARBARA
STREET ADDRESS 2904 W. BAY TO BAY BLVD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/06 8138052496