2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2005
Secretary of State

DOCUMENT# P03000075610

Entity Name: ALLIANCE PHARMACY, INC

Current Principal Place of Business:

4553 MARIOTTI CT., SUITE 104
SARASOTA, FL 34233

New Principal Place of Business:

5355 MCINTOSH RD.
SUITE C
SARASOTA, FL 34233

Current Mailing Address:

4553 MARIOTTI CT., SUITE 104
SARASOTA, FL 34233

New Mailing Address:

5355 MCINTOSH RD.
SUITE C
SARASOTA, FL 34233

FEI Number: 20-0085681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEACH, TIMOTHY
4553 MARIOTTI CT; SUITE 104
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

BEACH, TIMOTHY
5355 MCINTOSH RD.
SUITE C
SARASOTA, FL 34233 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: TIMOTHY BEACH 06/23/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEACH, TIMOTHY
Address: 4553 MARIOTTI CT., SUITE 104
City-St-Zip: SARASOTA, FL 34233

Title: VSTD ( ) Delete
Name: CHRISTENSEN, STUART
Address: 4553 MARIOTTI CT., SUITE 104
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BEACH, TIMOTHY
Address: 5355 MCINTOSH RD. SUITE C
City-St-Zip: SARASOTA, FL 34233

Title: VSTD (X) Change ( ) Addition
Name: CHRISTENSEN, STUART
Address: 5355 MCINTOSH RD. SUITE C
City-St-Zip: SARASOTA, FL 34233

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: TIMOTHY BEACH PRES 06/23/2005
Electronic Signature of Signing Officer or Director Date