

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083585

Entity Name: HEALTH ADVANTAGES, P.A.

FILED
Feb 04, 2006
Secretary of State

Current Principal Place of Business:

2575 COUNTY ROAD 220 STE 108
MIDDLEBURG, FL 320686542 US

New Principal Place of Business:

2575 COUNTY ROAD 220
SUITE 108
MIDDLEBURG, FL 320686542 US

Current Mailing Address:

2173 JOHN HART CIRCLE
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 20-0112866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRING, DAVID A D.C.
2173 JOHN HART CIRCLE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: SPRING, DAVID A D.C.
Address: 2173 JOHN HART CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

Title: DPST () Delete
Name: SPRING, SHARON A
Address: 2173 JOHN HART CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: DAVID A. SPRING

DPST

02/04/2006

Electronic Signature of Signing Officer or Director

Date