2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155293

FILED
May 01, 2007
Secretary of State

Entity Name: RESOLUTIONS HEALTH ALLIANCE, P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
1688 EAST BAYA AVENUE SUITE 102 LAKE CITY, FL 32025	1688 SE BAYA DRIVE SUITE 102 LAKE CITY, FL 32025

Current Mailing Address:	**New Mailing Address:**
1688 EAST BAYA AVENUE SUITE 102 LAKE CITY, FL 32025 US	1688 SE BAYA DRIVE SUITE 102 LAKE CITY, FL 32025 US

FEI Number: 05-0617066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
YEAGER, MICHAEL 1327 COPPER BLUFF COURT MACCLENNY, FL 32063 US	YEAGER, MICHAEL D 1327 COPPER BLUFF COURT MACCLENNY, FL 32063 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: MICHAEL D. YEAGER 05/01/2007

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:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	VP ( ) Delete	Title:	VP (X) Change ( ) Addition
Name:	YEAGER, MICHAEL	Name:	YEAGER, MICHAEL D
Address:	1327 COPPER BLUFF COURT	Address:	1327 COPPER BLUFF COURT
City-St-Zip:	MACCLENNY, FL 32063 US	City-St-Zip:	MACCLENNY, FL 32063 US
Title:	PRES ( ) Delete	Title:	( ) Change ( ) Addition
Name:	EVANS, JOHN D	Name:	
Address:	8651 SE 128TH AVENUE	Address:	
City-St-Zip:	WHITE SPRINGS, FL 32096 US	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JOHN D. EVANS PRES 05/01/2007

Electronic Signature of Signing Officer or Director Date