

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155293

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** RESOLUTIONS HEALTH ALLIANCE, P.A.

**Current Principal Place of Business:**

1688 SE BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025

**New Principal Place of Business:**

922 SW BAYA DRIVE  
LAKE CITY, FL 32025

**Current Mailing Address:**

1688 SE BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025 US

**New Mailing Address:**

922 SW BAYA DRIVE  
LAKE CITY, FL 32025

**FEI Number:** 05-0617066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

YEAGER, MICHAEL D  
1688 SE BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

YEAGER, MICHAEL D  
922 SW BAYA DRIVE  
LAKE CITY, FL 32025 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:

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: YEAGER, MICHAEL D  
Address: 922 SW BAYA DRIVE  
City-St-Zip: LAKE CITY, FL 32025 US

Title: PRES  
Name: EVANS, JOHN D  
Address: 8651 SE 128TH AVENUE  
City-St-Zip: WHITE SPRINGS, FL 32096 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL E. YEAGER

OWNE

01/05/2012

Electronic Signature of Signing Officer or Director

Date