

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000005581

FILED
Jul 04, 2004
Secretary of State

Entity Name: HEALTH ADVOCATES, INC.

Current Principal Place of Business:

1009 N O'BRIEN ST
SUITE 200
TAMPA, FL 33607 US

New Principal Place of Business:

5403 W. CYPRESS STREET
SUITE 100
TAMPA, FL 33607 US

Current Mailing Address:

1009 N O'BRIEN ST
SUITE 200
TAMPA, FL 33607 US

New Mailing Address:

5403 W. CYPRESS STREET
SUITE 100
TAMPA, FL 33607 US

FEI Number: 59-3166848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, JUNE
1009 N O'BRIEN ST
SUITE 200
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

SIMPSON, JUNE
5403 W. CYPRESS STREET
SUITE 100
TAMPA, FL 33607 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: JUNE SIMPSON

07/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMPSON, JUNE
Address: 1009 N O'BRIEN ST, STE 200
City-St-Zip: TAMPA, FL

Title: VTS () Delete
Name: SIMPSON, THOMAS L
Address: 1009 N O'BRIEN ST, STE 200
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMPSON, JUNE
Address: 5403 W. CYPRESS STREET, SUITE 100
City-St-Zip: TAMPA, FL 33607

Title: VTS (X) Change () Addition
Name: SIMPSON, THOMAS L
Address: 5403 W. CYPRESS STREET, SUITE 100
City-St-Zip: TAMPA, FL 33607

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: THOMAS L. SIMPSON

VTS

07/04/2004

Electronic Signature of Signing Officer or Director

Date