2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006
Secretary of State

DOCUMENT# P93000005581

Entity Name: HEALTH ADVOCATES, INC.

Current Principal Place of Business:

5041 WEST CYPRESS ST., STE. 100
TAMPA, FL 33607 US

New Principal Place of Business:

1410 N WESTSHORE BLVD
500
TAMPA, FL 33607 US

Current Mailing Address:

5041 WEST CYPRESS ST., STE. 100
TAMPA, FL 33607 US

New Mailing Address:

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
5041 WEST CYPRESS ST., STE. 100
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

SIMPSON, JUNE
1410 N WESTSHORE BLVD
500
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: _____ 08/09/2006
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: SIMPSON, JUNE
Address: 5041 WEST CYPRESS ST., STE. 100
City-St-Zip: TAMPA, FL 33607 US

Title: VTS ( ) Delete
Name: SIMPSON, TOM
Address: 5041 WEST CYPRESS ST., STE. 100
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete
Name: WEST, JACK
Address: 609 SOUTH ORLEANS
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: RARDON, LARRY
Address: 3918 N. HIGHLAND AVE.
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SIMPSON, JUNE
Address: 1410 N WESTSHORE BLVD., STE. 500
City-St-Zip: TAMPA, FL 33607 US

Title: VTS (X) Change ( ) Addition
Name: SIMPSON, TOM
Address: 1410 N WESTSHORE BLVD., STE. 500
City-St-Zip: TAMPA, FL 33607 US

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: MELANIE GRIECO MRS. 08/09/2006
Electronic Signature of Signing Officer or Director — Date