

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073407

FILED
Mar 30, 2006
Secretary of State

Entity Name: HEALTH ALLIANCE HOME INFUSION, INC.

Current Principal Place of Business:

3028 CARING WAY
SUITE #10
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

4408 NORTSHORE DR
PT. CHARLOTTE, FL 33980

Current Mailing Address:

3028 CARING WAY
SUITE #10
PT. CHARLOTTE, FL 33952

New Mailing Address:

4408 NORTSHORE DR
PT. CHARLOTTE, FL 33980

FEI Number: 65-0445935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILDERS, ALAN L
4408 NORTSHORE DRIVE
CHARLOTTE HARBOR, FL 33980 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: PTS () Delete
Name: CHILDERS, ALAN L
Address: 4408 NORTSHORE DRIVE
City-St-Zip: CHARLOTTE HARBOR, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALAN L CHILDERS

PTS

03/30/2006

Electronic Signature of Signing Officer or Director

Date