

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078311

FILED
Apr 28, 2004
Secretary of State

Entity Name: HEALTH ADMINISTRATIVE SERVICES, INC.

Current Principal Place of Business:

1300 N WESTHORE
SUITE 100
TAMPA, FL 33607 US

New Principal Place of Business:

13400 WRIGHT CIRCLE
TAMPA, FL 33626 US

Current Mailing Address:

1300 N WESTHORE
SUITE 100
TAMPA, FL 33607 US

New Mailing Address:

P.O. BOX 23788
TAMPA, FL 33623 US

FEI Number: 59-3342038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF CHRISTOPHER P. CALKIN
WESTSHORE CENTER, 1715 N. WESTSHORE BLVD.
SUITE 918
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

COATES, BOBBY L
P.O. BOX 23788
TAMPA, FL 33623 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: BOBBY L. COATES

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COATES, BOBBY L
Address: 1300 N WESTHORE #100
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COATES, BOBBY L
Address: P.O. BOX 23788
City-St-Zip: TAMPA, FL 33623

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: BOBBY L. COATES

DP

04/28/2004

Electronic Signature of Signing Officer or Director

Date