2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078311

Entity Name: HEALTH ADMINISTRATIVE SERVICES, INC.

FILED May 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 23788 4908 TURTLE CREEK TRAIL TAMPA, FL 33623 US OLDSMAR, FL 34677 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

COATES, BOBBY L

11 MARINER DR

TARPON SPRINGS, FL 34689 US

COATES, BOBBY L

4908 TURTLECREEK TRAIL

OLDSMAR, FL 34677 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: 05/31/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: VP (X) Change () Addition

 Name:
 COATES, DEBORAH R
 Name:
 COATES, DEBORAH R

 Address:
 P.O. BOX 23788
 Address:
 P.O. BOX 23788

 City-St-Zip:
 TAMPA, FL 33623
 City-St-Zip:
 TAMPA, FL 33623

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH R. COATES VP 05/31/2007