

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093522

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: INDEPENDENT HEALTH CARE ADVISORS, INC.

**Current Principal Place of Business:**

2015 CENTRE POINT BLVD  
SUITE 103  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

2344 CENTERVILLE ROAD  
SUITE 103  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

2015 CENTRE POINT BLVD  
SUITE 103  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

2344 CENTERVILLE ROAD  
SUITE 103  
TALLAHASSEE, FL 32308 US

FEI Number: 59-3420334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'DEA, JOHN  
3054 O'BRIEN DRIVE  
TALLAHASSEE, FL 32308

**Name and Address of New Registered Agent:**

O'DEA, JOHN  
3054 O'BRIEN DRIVE  
TALLAHASSEE, FL 32309

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: \_\_\_\_\_

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: O'DEA, JOHN P  
Address: 3054 O'BRIEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VSD ( ) Delete  
Name: LONG, BEVERLY S  
Address: 7928 SKIPPER LANE  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JOHN P. O'DEA

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date