

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093522

FILED
Feb 25, 2006
Secretary of State

Entity Name: INDEPENDENT HEALTH CARE ADVISORS, INC.

Current Principal Place of Business:

2344 CENTERVILLE ROAD
SUITE 103
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

1319 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2344 CENTERVILLE ROAD
SUITE 103
TALLAHASSEE, FL 32308 US

New Mailing Address:

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

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: JOHN P. O'DEA

PRES

02/25/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date