

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028592

FILED
Apr 20, 2005
Secretary of State

Entity Name: ALLIANCE HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

3998 FAU BLVD
STE 110
BOCA RATON, FL 33431

Current Mailing Address:

3998 FAU BLVD
STE 110
BOCA RATON, FL 33431

New Principal Place of Business:

2500 QUANTUM LAKES DR
STE 108
BOYNTON BEACH, FL 33426

New Mailing Address:

2500 QUANTUM LAKES DR
STE 108
BOYNTON BEACH, FL 33426

FEI Number: 65-0835555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSKOWITZ, MICHAEL E ESQUIRE
800 CORPORATE DRIVE, SUITE 510
FORT LAUDERDALE, FL 33334 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: D () Delete
Name: HEMLEPP, SALLY
Address: 3998 FAU BLVD STE 110
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: MOBILE MEDICAL INDUS, TRIES
Address: 2500 QUANTUM LAKES DR STE 108
City-St-Zip: BOYNTON BEACH, FL 33426

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: JAMES M DOUTHITT

MGR

04/20/2005

Electronic Signature of Signing Officer or Director

Date