

DOCUMENT # P99000044657

ALLIANCE CORPORATE HEALTH SERVICES, INC.



Feb 04, 2004 08:00 AM

4241 BAYMEADOWS ROAD  
SUITE 14  
JACKSONVILLE FL 32217

4241 BAYMEADOWS ROAD  
SUITE 14  
JACKSONVILLE, FL 32217

Suite, Apt. #, etc

City &amp; State

Country

Applied For
Not Applicable

7. Name and Address of New Registered Agent

MCCORMICK, MARY  
4241 BAYMEADOWS ROAD  
SUITE 14  
JACKSONVILLE FL 32217

Name \_\_\_\_\_

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying.)

DATE \_\_\_\_\_

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, MARY	
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14	
CITY - ST - ZIP	JACKSONVILLE FL 32217	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000036870
STREET ADDRESS	02/06/04-80075-015 150.00
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	COLTON, BARBARA	
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14	
CITY - ST - ZIP	JACKSONVILLE FL 32217	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, TIMOTHY J	
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14	
CITY- ST- ZIP	JACKSONVILLE FL 32217	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	COLTON, ROBERT	
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14	
CITY - ST - ZIP	JACKSONVILLE FL 32217	

<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>
---

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

FILE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**

*Mary McLemore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #