


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000044657 1. Entity Name ALLIANCE CORPORATE HEALTH SERVICES, INC.		
Principal Place of Business 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE, FL 32217	Mailing Address 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE, FL 32217	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCCORMICK, MARY 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE, FL 32217		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, MARY 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTON, BARBARA 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, TIMOTHY J 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTON, ROBERT 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Mary McCormick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/19/05</u> (904) <u>730-5158</u> <small>Daytime Phone #</small>



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3578508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/24/05-80135-003 150.00

**DO NOT WRITE
IN THIS SPACE**