

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
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



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3578508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCORMICK, MARY
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	COLTON, BARBARA
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	MCCORMICK, TIMOTHY J
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	COLTON, ROBERT
STREET ADDRESS	4241 BAYMEADOWS ROAD SUITE 14
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000797895
01/30/08-80007-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 (904) 730-5158
Date Daytime Phone #