2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P99000044657

Entity Name: ALLIANCE CORPORATE HEALTH SERVICES, INC.

Current Principal Place of Business:

4241 BAYMEADOWS ROAD
SUITE 14
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

4241 BAYMEADOWS ROAD
SUITE 14
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3578508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, MARY
4241 BAYMEADOWS ROAD
SUITE 14
JACKSONVILLE, FL 32217 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

OFFICERS AND DIRECTORS:

Title: MRS.
Name: MCCORMICK, MARY
Address: 4241 BAYMEADOWS ROAD SUITE 14
City-St-Zip: JACKSONVILLE, FL 32217

Title: MRS.
Name: COLTON, BARBARA
Address: 4241 BAYMEADOWS ROAD SUITE 14
City-St-Zip: JACKSONVILLE, FL 32217

Title: DR.
Name: MCCORMICK, TIMOTHY J
Address: 4241 BAYMEADOWS ROAD SUITE 14
City-St-Zip: JACKSONVILLE, FL 32217

Title: MR.
Name: COLTON, ROBERT
Address: 4241 BAYMEADOWS ROAD SUITE 14
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J. COLTON MR. 01/06/2011

Electronic Signature of Signing Officer or Director — Date