FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90682 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000044657

1. Entity Name

ALLIANCE CORPORATE HEALTH SERVICES, INC.



2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. CHECK HERE IF MAXING CHANGES	Principal Place of Business 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217		Mailing Address 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217				
City & State Ci	2. Principal Place of Business		3. Mailing Address		I IDDIKADA AIR KANDA KAKIN BERKIN BER		
Zip Country Zip Country 5. Accordance of Status Desired Foot Sta	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional Rom Required Agent 7. Name and Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Address of New Registered	City & State		City & State		4. FEI Number 59-3578508		
MCCORMICK, MARY WELLE FL 32217 TILE MCCORMICK, MARY WELLE FL 32217 TILE MCCORMICK, MARY WELLE FL 32217 TILE MCCORMICK, MARY MARY MARY MARY MARY MARY MARY MCCORMICK, MARY MARY MARY MARY MARY MARY MCCORMICK, MARY MARY MARY MARY MCCORMICK, MARY M	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
MCCORNICK, MARY 424 BAYMEADOWS PROAD SUITE 14 JACKSONVILLE FL 32217 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 Horida. I am familiar with, and accept the obligations of registered agent, vised or person name of registered agent. SIGNATURE TILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE D OFFICERS AND DIRECTORS MAKE STREET ADDRESS 424 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217 TILE D OPINION OFFICERS AND DIRECTORS 1071-ST-2P Addition MAKE MA	6. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable) SURE 14 JACKSONVILLE FL 32217 8. The above named entity surhis his 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	užoon			Name			
### City FL Zip Code ### City FL Zip Code ### Examples of the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. #### Signature, syred or previous rome of registered agent and take 4 applicable.			Street Address		s (P.O. Box Number is Not Acceptable)		
S. The above named antily 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	SUITE 14					***	
SIGNATURE FILE NOW!!: FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees May 1, 2003 Fee will be \$550.00 May Be Added to Fees Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME CHARGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME CHARGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME CHARGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME CHARGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME COLTON, BARBARA 241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217 TITLE D COLTON, BARBARA 2421 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217 TITLE D COLTON, BARBARA 243 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217 TITLE D COLTON, BARBARA 244 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217 TITLE D COLTON, ROBERT NAME SIREET ADDRESS CITY-S1-2P STREET ADDRESS CITY-S1-2P STR	JACKSOI	NVILLE FL 32217		City	FL	Zip Code	
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. NAME	SIGNATURE						
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May B Added to Fees						
NAME STREET ADDRESS CITY-ST-ZIP	*****				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE D MCCORMICK, TIMOTHY J 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217 TITLE D MCCORMICK, TIMOTHY J 4241 BAYMEADOWS ROAD SUITE 14 JACKSONVILLE FL 32217 TITLE TITLE D COLTON, ROBERT TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AACKSONVILLE FL 32217 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MCCORMICK, MARY 4241 BAYMEADOWS ROAD SUI		NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	COLTON, BARBARA 4241 BAYMEADOWS ROAD SUI		NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MCCORMICK, TIMOTHY J 4241 BAYMEADOWS ROAD SUIT		NAME STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	COLTON, ROBERT 4241 BAYMEADOWS ROAD SUIT		NAME STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADORESS		☐ Delete	NAME STREET ADDRESS	·	☐ Change ☐ Addition	
5/1/ 5/ Ell	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	ו	☐ Change ☐ Addition	
		ertify that the information supplied with	this filing does not qualify for t		Section 119 07/3/(i) Slovide Statutes 1 further	that the info	

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 AMERICA REVILLIBED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7305158

Daytime Phone #