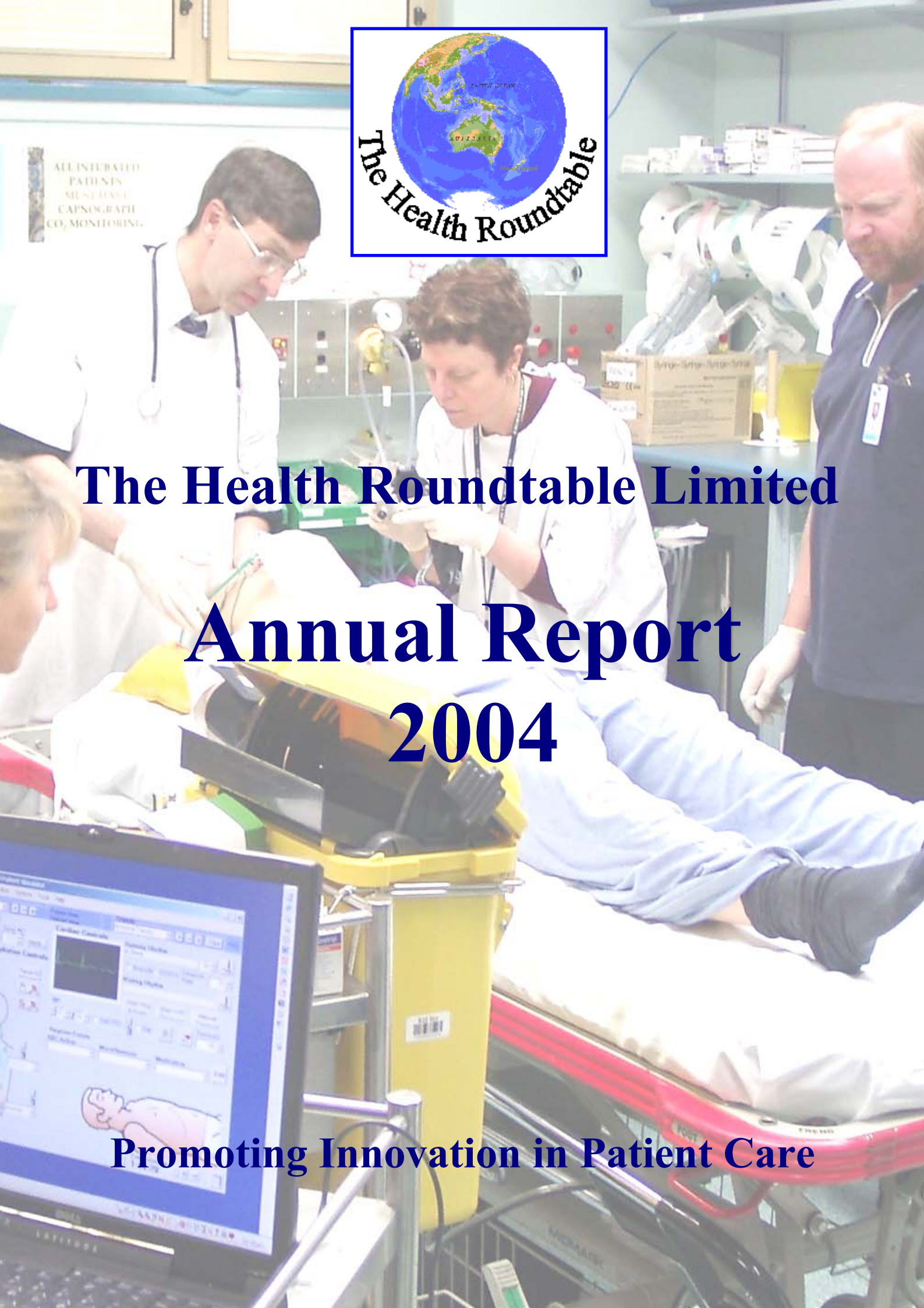


The Health Roundtable Limited

Annual Report 2004

Promoting Innovation in Patient Care

THE HEALTH ROUNDTABLE LIMITED

ACN 071 387 436
ABN 71 071 387 436

DIRECTORS' REPORT FOR 2004

Your directors submit the financial accounts of the Company for the calendar year ending 31 December 2004

DIRECTORS

The names of directors in office at the date of this report are:

Ms Jennifer Williams
Ms. Kaye Challinger
Dr Paul Scown
Ms Margot Mains
Mr John Mulder
Mr Ted Rayment
Mr Ken Whelan
Mr Stephen McKernan
Mr Jeff Hollywood
Mr John Mollett
Dr Nigel Murray
Ms Jean O'Callaghan
Dr Michael Smith
Ms Deborah Podbury
Mr Richard Olley
Ms Kerry Stubbs
Ms Vicki Geytenbeek
Dr John O'Donnell
Mr Michael Szwarcbord
Mr George Jepson
Ms Nicole Feely
Ms Linda Sorrell

PRINCIPAL ACTIVITIES

The principal activities of the Company during the financial year were:

- to provide opportunities for health executives to learn how to achieve best practice in their organisations
- to collect, analyse and publish information comparing organisations and identifying ways to improve operational practices
- to promote interstate and international collaboration and networking among health organisation executives

The Health Roundtable focuses on sharing innovations in patient care amongst its members so that they can treat additional patients and continue to improve the quality of patient care.

OPERATING RESULTS

The Health Roundtable Limited recorded a small loss of $2,401 for the financial year ending in December 2004. This represents 0.2% of operating expenses during the year. The accumulated surplus in the Company was reduced by about 2% and stood at $107,717 as of the end of the financial year.

It is anticipated that annual member fees and corporate sponsorships will match annual expenditures each year, with any accumulated surplus to be used for special projects as approved by the Board of Directors. There was no provision for income tax, as the company is exempt from income taxation.

Cover photo caption: Launch of Virtual Critical Care Unit at Blue Mountains Hospital, November 2003. Staff and Patients are linked to specialists at Nepean Hospital. Source: http://www.ict.csiro.au/ViCCU/photos3.htm

REVIEW OF OPERATIONS

Members of the three Chapters of The Health Roundtable focused on the "patient journey" in most of the meetings during 2004, promoting a variety of innovations that are beginning to take hold throughout Australia and New Zealand. These intensive discussions explored aspects of the Journey from the perspective of different patient groups:

- Improving the Journey of Cancer Patients – March 2004
- Improving the Journey of Medical and Surgical Patients -- June 2004
- Improving the Journey of Mental Health Patients -- July 2004

The Patient Journey roundtables were supplemented by more in-depth meetings on specific segments of the journey:

- Matching Medical Capacity with Demand – August 2004
- Moving toward "24/7" Availability of Services – August 2004
- Improving Ambulatory Medical and Surgical Services – September 2004
- Improving Bed Management Systems – November 2004

Other major innovation sharing roundtables during 2004 included:

- Sharing Ideas on Meeting the Budget – February 2004
- Lessons Learnt Workshops – May 2004
- Allied Health Benchmarking – December 2004
- Mental Health Benchmarking – December 2004

In total, 528 delegates participated in Roundtable activities during the year representing over 50 health care organisations throughout Australia and New Zealand.

The Health Roundtable also continued to develop its data benchmarking and analysis activities during the year. The organisation analysed over 1.7 million inpatient episodes of care for its 30 member organisations, as well as large volumes of costing and allied health data to look for apparent differences. These differences are then discussed with members to identify innovative methodological and clinical practices. Periodic reports are provided to members so that they can identify opportunities for improvement. Benchmarking activities included:

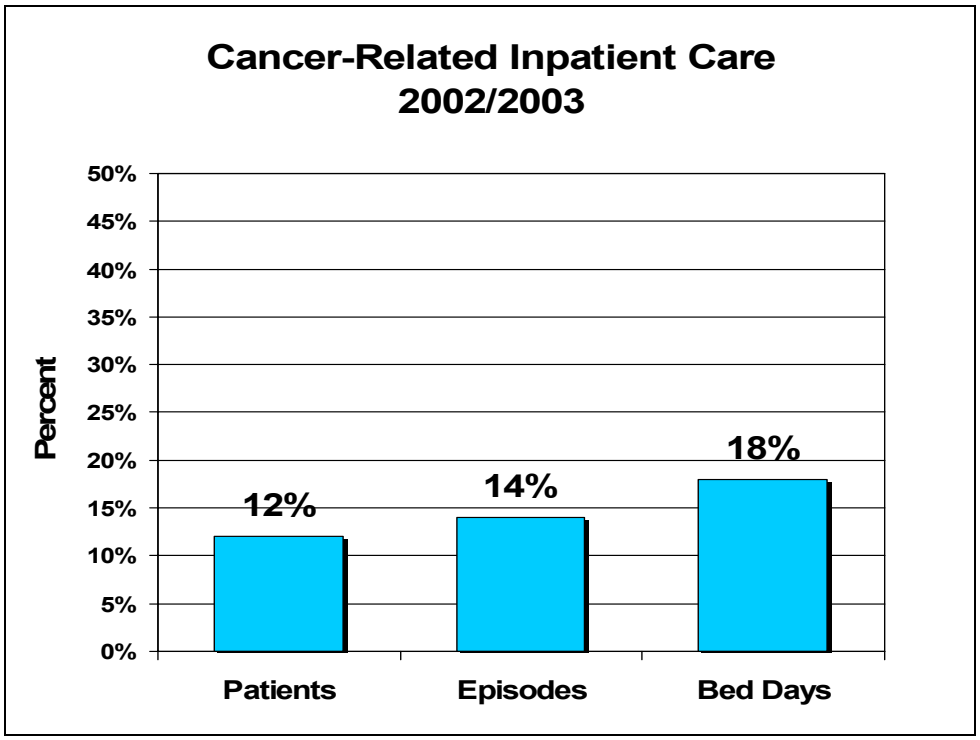
- Inpatient Length of Stay Comparisons (Casemix Reports)
- Clinical Costing Comparisons
- Key Performance Indicators
- Allied Health Activity Comparisons
- Mental Health Key Performance Indicators

In November 2004, The Health Roundtable Board of Directors voted to renew its contract with Chappell Dean Pty Limited and its network of nine resource people for the supply of services to the organisation for the 2005 and 2006 calendar years. This "outsourcing" approach enables The Health Roundtable to facilitate innovation sharing amongst members at an agreed fixed-price cost per participating organisation for each service in the annual program.

Key highlights from these Roundtables are included on the following pages. More details may be found at our website (www.healthroundtable.org.au) which has both a publicly-accessible library of key innovations, as well as a members-only library of reports detailing specific innovations in each of the areas covered since The Health Roundtable was founded in 1995.

Key Findings and Insights from Roundtable Activities in 2004

March 2004 The Cancer Patient Journey



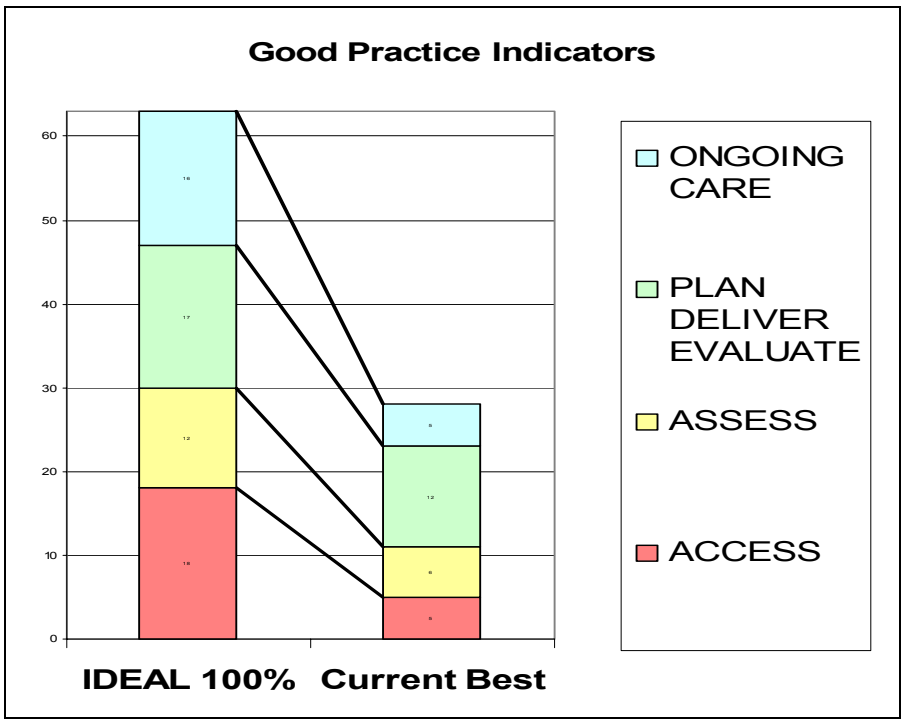
- Almost 1 in 5 patients in our hospitals are being treated for cancer.
- However, treatment is spread across many specialties, making the cancer patient's journey very complex.
- Case managers and multi-disciplinary teams (MDT) can improve the quality of the journey by co-ordinating treatment and follow-up.
- Telecommunications technology is being used to provide specialised assessments for patients in smaller centres.

May 2004 Lessons Learnt Workshops

Twelve mini-workshops provided updates on key Roundtable topics, attended by over 80 people. Each of these Lessons-Learnt workshops has summaries in the public portion of our website library.

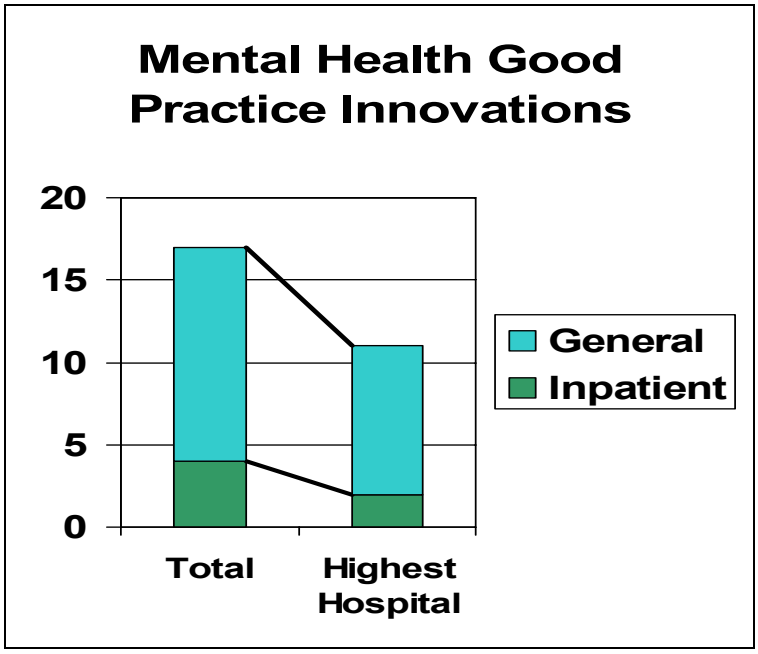
Stream 1: Improving the Journey for Chronic Complex Patients		
1a. Improving alternatives to inpatient admissions	1b. Improving patient discharge alternatives	1c. Respecting patient choices
Stream 2: Improving Clinical Governance		
2a. Implementing new technology approvals	2b. Improving credentialling and privileging	2c. Learning from clinical incidents
Stream 3: Improving Patient Care		
3a. Ordering the right tests at the right time	3b. Ordering the right drugs	3c. Planning the right care in Orthopaedics
Stream 4: Improving Hospital Effectiveness		
4a. Implementing a balanced scorecard	4b. Reducing supply costs	4c. Matching capacity to acute demand

June 2004 Improving the Patient Journey



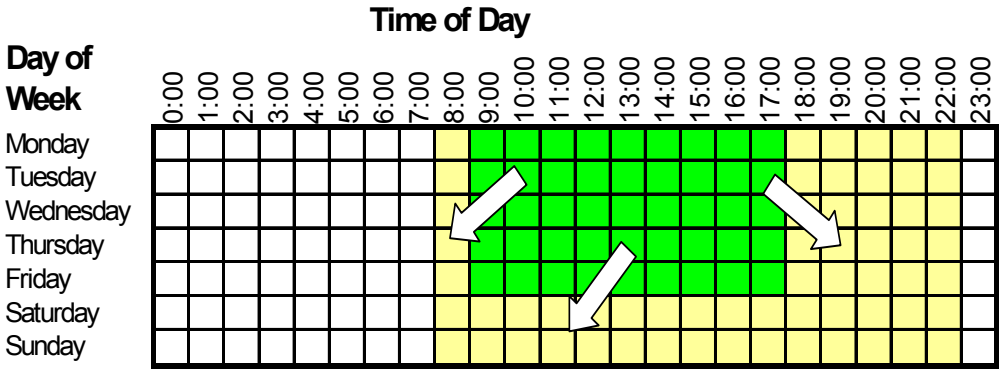
- Over 60 "good practice" innovations in managing patient journeys were identified. Approximately half of these have been implemented in the leading member organisations.
- Coordination of care, particularly for patients with chronic conditions, is a major concern throughout the health system.
- Case management (either by the primary care sector or by outreach from the specialist sector) is seen as a key to improving the journey.

August 2004 Improving Mental Health Patient Journey



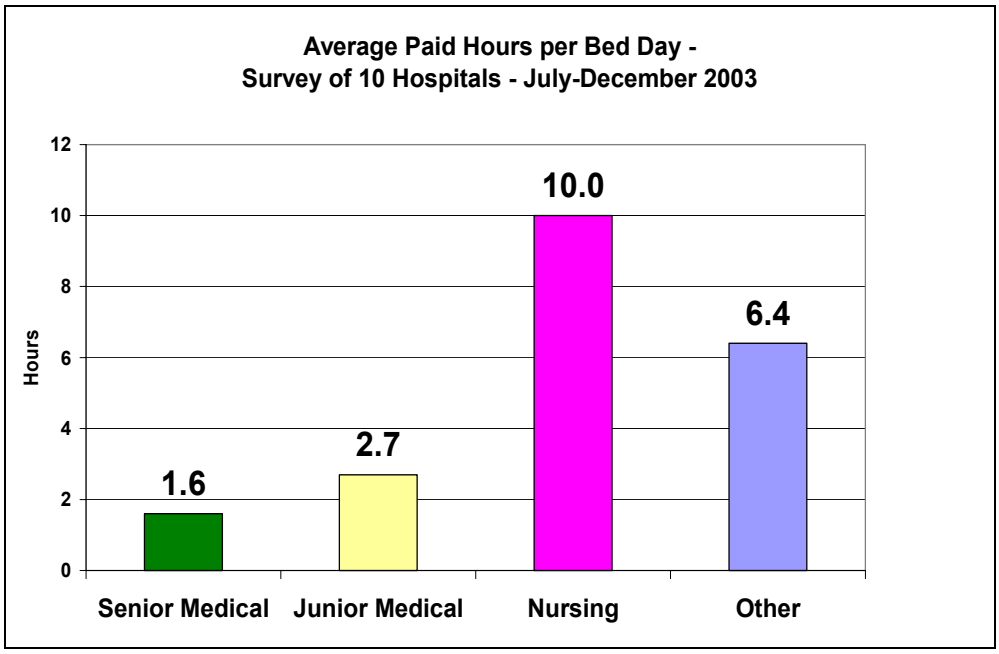
- 17 "good practice" innovations were identified in accessing, assessing, treating, and transitioning patients to community. Over half are being implemented in the leading hospitals.
- Innovative practices included: telephone crisis support, case management, early psychosis intervention, and co-ordination with community teams.

August 2004 Moving to 24/7 Services



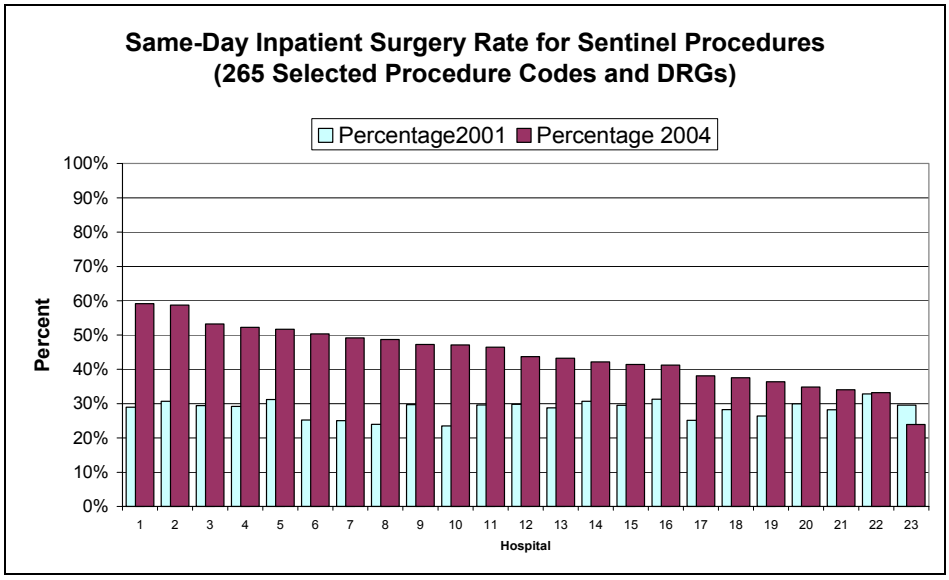
- Traditional "business hours" are still common in many hospital departments despite round-the-clock care requirements.
- Expanding hours for diagnostic imaging, pathology, pharmacy and allied health would reduce delays and bed days.
- Expansion to "24/7" is not needed – but a move toward "14/7" was identified as a reasonable target to improve patient flow.

August 2004 Matching Medical Capacity to Demand



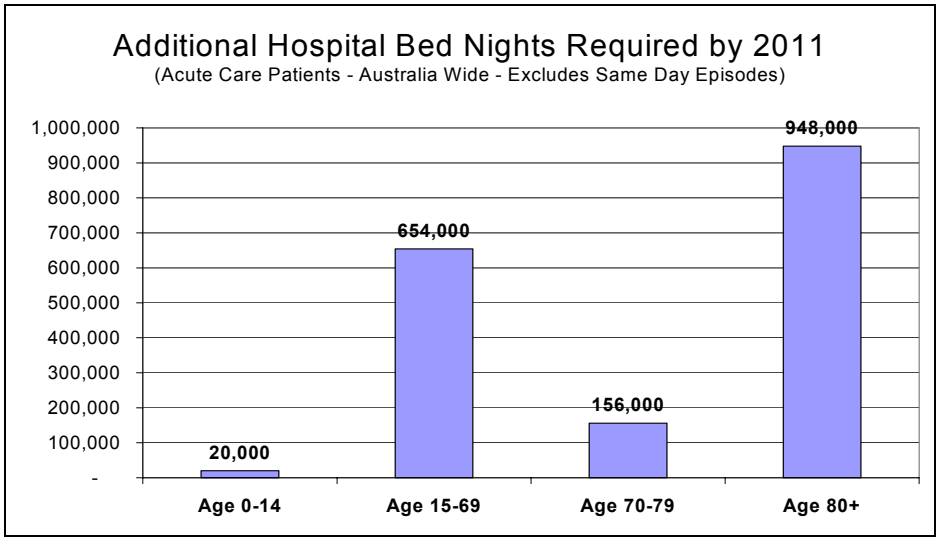
- Wide variation exists in hospital measurement of staff time and methods for allocating time between inpatient, outpatient, research and teaching, making benchmarking very difficult.
- No "best practice" models exist for estimating number of senior and junior medical staff required for a given patient population.
- Shortages of staff in many categories require re-design of the work and re-allocation of duties as part of a comprehensive effort.
- However, making changes at the individual hospital level is very difficult given the professional structures in place and the complexity of the health care system.

September 2004 Improving Ambulatory Services



- Ambulatory surgery rates for a sentinel group of procedures range from 25% to 60% across member hospitals, with many increasing their rates dramatically between 2001 and 2004.
- Some hospitals count some of their same-day patients as outpatients rather than inpatients, which may account for the low levels and limited growth at some hospitals.
- Several hospitals with high rates have quite innovative ambulatory surgery programs, with surgeon enthusiasm, bed shortages, and appropriate financial incentives seen as the key success factors.

November 2004 Improving Bed Management



- Population growth and ageing are combining to put major stress on the hospital system during this decade.
- Government data indicates that over 1.7 million additional bed nights (at lea
- Shortages of health professionals in the same period are likely to make it difficult to add capacity or develop alternative care models without major investments in redesigning care, educational programs, and labour reform.
- The Modernisation Agency Program of the National Health Service in the UK is seen as an example of the level of effort required.

MEMBERSHIP

Both individuals and organisations belong to The Health Roundtable as members. Personal membership in The Health Roundtable is offered only to the person with overall management responsibility for a health service, while organisational membership is offered to health services and other collaborative groups.

At the beginning of 2004, our membership increased with the creation of a third Chapter of The Health Roundtable, called the Olympian Chapter. However, our organisation was affected by publicity surrounding a member hospital of an affiliated group, known as the Metropolitan Hospitals Roundtable. A television report aired at the end of February 2004, claiming to disclose data collected by the Metropolitan Hospitals Roundtable which indicated that a hospital under investigation by the NSW government had a lower mortality rate than other hospitals in the Roundtable. Following the media report, the NSW government launched a Special Commission of Inquiry into the activities of the hospital, and officially required data from the Metropolitan Hospitals Roundtable to be provided.

Our organisation and the Metropolitan Hospitals Roundtable co-operated fully with the Special Commission of Inquiry, while highlighting the sensitive nature of the comparative data being collected. Despite the explicit support of the Special Commissioner for benchmarking activities such as those of The Health Roundtable, several member hospitals in New South Wales elected to terminate their membership due to the risk of public disclosure of their activities. Other members strengthened their participation in our activities during the year, convinced that the benefits of collaboration far outweighed the risks of inadvertent disclosure of their activities into the public domain.

As a result of the turmoil and the reorganisation of health services in NSW, the number of participants in the Metropolitan Hospitals Roundtable reduced to make the group unviable as a separate organisation, and member hospitals were offered the option to join The Health Roundtable itself.

As of March 2005, The Health Roundtable has 34 organisational members, including 33 major teaching hospitals and one collaborative organisation, the Regional Health Improvement Network, which consists of public hospitals in regional centres.

As of March 2005, personal membership stands at 32 members. However, turnover amongst personal members has continued as major teaching hospitals continue to reorganise and/or change chief executives. Personal members include the General Manager and five life members known as Knights of the Health Roundtable in recognition of their contribution to the organisation.

Cerner Corporation continued its involvement as a “Corporate Sponsor” of The Health Roundtable during 2004, and has upgraded its role to “Corporate Partner” in 2005. Sponsorship fees are used to support general administrative activities and membership in international organisations, such as the University Healthsystem Consortium based in the USA. The Health Roundtable has a corporate sponsorship policy to promote involvement by corporations involved in the health care industry while assuring probity.

The Health Roundtable continued its international affiliate membership in the University Healthsystem Consortium, a collaborative group of over 80 academic medical centres in the USA. This affiliation has provided valuable methodological assistance and insights to the organisation.

The Health Roundtable continued to operate on a sound financial basis in 2004, with income and expenses arising as planned.

AFTER BALANCE DATE EVENTS

At the end of 2004, it became clear that the Metropolitan Hospitals Roundtable (an affiliated group serviced by The Health Roundtable) would be unviable due to reductions in its membership. Early in 2005, hospitals in the Metropolitan group were offered membership in the Health Roundtable itself. Two organisations – Eastern Health and Lyell McEwin Hospital – have taken up membership. Waitemata District Health Board in New Zealand has also joined The Health Roundtable, and The Queen Elizabeth Hospital has re-joined our organisation following a one-year absence.

Two organisations officially withdrew from The Health Roundtable early in 2005: Royal North Shore Hospital and Liverpool Hospital.

The net result of the changes has been an overall increase in membership in The Health Roundtable. The cessation of the Metropolitan Hospitals Roundtable will result in a net loss of administrative fee income of approximately $3,000 per year, which will not materially affect the operation of the organisation.

No other matters or circumstances have arisen since the end of the financial year which may significantly affect the operations of the Company, the results of those operations, or the state of affairs of the Company in subsequent financial years.

DIRECTORS AND AUDITORS INDEMNIFICATION

During the 2004 accounting period, The Health Roundtable paid premiums to insure itself and each of the Directors and Officers of the company against liabilities for costs and expenses incurred by them in defending any actual or alleged breach of duty, breach of trust, neglect, error, misstatement, misleading statement, omission, breach of warranty of authority claimed against them while acting in their individual or collective capacities.

The total amount paid for the insurance in 2004 was $2,200.

MEETINGS OF DIRECTORS

During the 2004 calendar year, the Board of Directors met on 4 May 2004 in Sydney, and on 16 November in Melbourne. During the year, the Executives of each Chapter met as a Governance Working Party to develop recommendations regarding the functioning of the Board. These recommendations were approved at the November meeting. Further recommendations are being presented to the Members of the Health Roundtable for consideration at the Annual General Meeting in April 2005.

DIRECTORS' BENEFITS

No director has received or become entitled to receive, during or since the financial year, a benefit because of a contract made by the company with: a director, a firm of which a director is a member, or an entity in which a director has a substantial financial interest.

INFORMATION ON OFFICERS AND DIRECTORS SERVING DURING 2004

OFFICERS:

Ms Jennifer Williams, Director, President
(Elected 27 November 1998; re-elected 4 May 2004, and President since November 2002)

Ms Williams was Chief Executive of Austin Health during most of the year, and changed positions to head Bayside Health, another member organisation, in October 2004.

Associate Professor Kaye Challinger, Director and Vice President
(Appointed 16 October 1998, re-elected 4 May 2004)

Associate Professor Challinger was Chief Executive Officer of Royal Adelaide Hospital, and is now the Acting Executive Director, Acute Services, within the Central Northern Adelaide Health Service.

Dr Paul Scown, Director and Honorary Secretary
(Appointed 3 April 2001, Re-elected 4 May 2004)

Dr Scown is Chief Executive of Melbourne Health inVictoria.

Ms Kerry Stubbs, Director and Honorary Treasurer
(Appointed 25 November 2003, Elected 4 May 2004)

Ms Stubbs is Chief Executive Officer of St Vincent's Public Hospital in Sydney.

Ms Vicki Geytenbeek, Director and Vice President
(Appointed 25 November 2003, Elected 4 May 2004)

Ms Geytenbeek is General Manager of Royal Darwin Hospital in the Northern Territory.

DIRECTORS (in order of first appointment)

Mr John Mulder, Director
(Elected 27 November 1998; re-elected 4 May 2004)

Mr Mulder is Executive Director, Operations at Barwon Health in Geelong Victoria.

Ms Margot Mains, Director
(Elected 25 November 1999, Re-elected 4 May 2004)

Ms Mains is Chief Executive Officer of Capital & Coast District Health Board in New Zealand.

Mr Kenneth Whelan, Director
(Elected 27 November 2002, Re-elected 4 May 2004)

Mr Whelan is District Manager of the Townsville Health Services District in Queensland.

Mr Stephen McKernan, Director
(Elected 27 November 2002, re-elected 4 May 2004)

Mr McKernan is Chief Executive of the Counties Manukau District Health Board in New Zealand.

Ms Jean O'Callaghan, Director
(Elected 27 November 2002, re-elected 4 May 2004)

Ms O'Callaghan is Chief Executive of the Canterbury District Health Board in New Zealand.

Dr Michael Smith, Director
(Appointed 21 February 2003, re-elected 4 May 2004)

Dr Smith is Director of Clinical Governance for Sydney Western Area Health Service.

Ms Deborah Podbury, Director
(Appointed 25 November 2003, elected 4 May 2004)

Ms Podbury is District Manager for Princess Alexandra Hospital in Queensland.

Mr Richard Olley, Director
(Appointed 25 November 2003, elected 4 May 2004)

Mr Olley is District Manager for Royal Brisbane and Women's Hospital in Queensland.

Mr Ted Rayment, Director
(Elected 29 April 2003, re-elected 4 May 2004)

Mr Rayment is Chief Executive of Royal Hobart Hospital in Tasmania.

Mr George Jepson, Director
(Elected 4 May 2004)

Mr Jepson is the Executive Director of Prince Henry / Prince of Wales Hospital in Sydney.

Mr John Mollett, Director
(Elected 4 May 2004)

Mr Mollett is General Manager of The Canberra Hospital.

Ms Nicole Feely, Director
(Elected 4 May 2004)

Ms Feely is Chief Executive of St Vincent's Health in Victoria.

Mr Michael Szwarcbord, Director from November 2004
(Appointed 16 November 2004)

Mr Szwarcbord is Acting Chief Executive of the Flinders Medical Centre in South Australia.

Dr John O'Donnell, Director from November 2004
(Appointed 16 November 2004)

Dr O'Donnell is Chief Executive of Mater Health Services in Brisbane, Queensland.

Mr Jeff Hollywood, Director from November 2004
(Appointed 16 November 2004)

Mr Hollywood is District Manager of the Gold Coast Hospital District in Queensland.

Dr Nigel Murray, Director from November 2004
(Appointed 16 November 2004)

Dr Murray is General Manager of Auckland City Hospital, New Zealand

Ms Linda Sorrell, Director from November 2004
(Appointed 16 November 2004)

Ms Sorrell is Chief Executive of Southern Health in Victoria.

DIRECTORS RESIGNING During the Year (in order of resignation date)

Mr Craig Bennett, Director
(Elected 29 November 1997, resigned March 2004)

Mr Bennett was Chief Executive of North Metropolitan Health Services in Perth, WA. He resigned in March 2004 to take up a position in Victoria.

Ms Julia Davison, Director
(Elected 25 November 1999, resigned March 2004)

Ms Davison was Chief Executive Officer of the Flinders Medical Centre, a teaching hospital in Adelaide. She resigned to take up a senior position in the public service in South Australia.

Mr Raad Richards, Director
(Elected 28 November 2000, resigned March 2004)

Mr Richards was an executive with South West Sydney Area Health Service. He resigned from the Health Roundtable in March 2004 to take up a position in the private sector.

Mr David Pearce, Director, Honorary Secretary (through June 2004)
(Elected 28 November 2000, Re-elected 4 May 2004, Resigned 30 June 2004)

Mr Pearce was Executive Director of St George Hospital and Community Health Service in NSW. He resigned his membership to take up a different position in the St George Health Service.

Dr Nigel Lyons, Director
(Elected 27 November 2002, re-elected 4 May 2004 – Resigned 16 November 2004)

Dr Lyons is General Manager, Greater Newcastle Sector, Hunter Area Health Service. Dr Lyons resigned his membership in favour of another executive from Hunter Health, Mr Michael Dirienzo.

Ms Lea Pope, Director
(Appointed 29 April 2003, elected 4 May 2004 – Resigned 16 November 2004

Ms Pope was General Manager of the Alfred Hospital in Melbourne Victoria. She resigned her position in favour of Ms Jennifer Williams when Ms Williams became head of Bayside Health.

Mr John Stanway, Director
(Elected 4 May 2004 – Resigned 16 November 2004)

Mr Stanway is Director of Operations, Monash Medical Centre. He resigned his position in favour of Ms Linda Sorrell, Chief Executive of Southern Health.

Ms Teresa Anderson, Director
(Elected 4 May 2004. Resigned February 2005)

Ms Anderson is General Manager of the Liverpool Health Service in New South Wales. She resigned her position when Liverpool Health Service withdrew from The Health Roundtable.

Signed in accordance with a resolution of the Board of Directors.

Jennifer Williams Director	Kaye Challinger Director

Date:

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

STATEMENT BY DIRECTORS

FOR THE YEAR ENDED 31 DECEMBER 2004

The directors have determined that the Company is not a reporting entity as defined in Statement of Accounting Concepts 1: Definition of the Reporting Entity, and therefore there is no requirement to apply accounting standards in the preparation of these financial statements. The directors have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the account.

In the opinion of the directors of the company:

(a) The accompanying Profit and Loss Account gives a true and fair view of the profit of the company for the financial year ended 31 December 2004.

(b) The accompanying balance sheet gives a true and fair view of the state of affairs of the company as at 31 December 2004.

(c) At the date of this statement, there are reasonable grounds to believe that the company will be able to pay its debts as and when they fall due.

Signed in accordance with a resolution of the Board of Directors.

Jennifer Williams Director	Kaye Challinger Director

Date:

(Signed Auditor Statement by Ronald Smith & Co to be inserted here after Board Approves the Accounts)

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

PROFIT AND LOSS ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2004

	2004 $	2003 $
Operating profit/(loss) before income tax Notes 2,3	(2,401)	597
Income tax attributable to operating profit/(loss) Note 4	0	0
Operating profit/(loss) after income tax	(2,401)	597
Retained profits (accumulated losses) at the beginning of the financial year	110,118	109,521
Total available for appropriation	107,717	110,118
Retained profits at the end of the financial year	107,717	110,118

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2004

Note 1 - Statement of Significant Accounting Policies

These financial statements are a special purpose financial report prepared in order to provide accounts which satisfy the requirements of the Corporations Act to prepare accounts. The Board has determined that the Company is not a reporting entity as defined in Statement of Accounting Concepts 1 "Definition of the Reporting Entity" and therefore, as there is no requirement to apply accounting standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) in the presentation of these statements.

The statements have been prepared in accordance with the requirements of the Corporations law and the following accounting standards where applicable and other mandatory professional reporting requirements: (Urgent Issues Group Consensus Views):

AASB 1001: Accounting Policies - Disclosure
AASB 1002: Events Occurring After Balance Date
AASB 1018: Profit and Loss Accounts
AASB 1019: Measurement and Presentation of Inventories in the Context of the Historical Cost System
AASB 1021: Depreciation of Non-Current Assets
AASB 1025: Application of the Reporting Entity Concept and Other Amendments

No other Accounting Standards or other mandatory professional reporting requirements (Urgent issues Group Consensus Views) have been intentionally applied.

The statements are also prepared on an accruals basis from the records of the Company. They are based on historic costs and do not take into account changing money values or, except where specifically stated, currently valuations of non-current assets.

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2004

	2004 $	2003 $
Note 2 – Corporate Sponsorship & Licence Fees		
Membership, Briefing, Subscription Fees, Costing Fees	1,104,239	855,120
Interest received	21,192	16,061
	1,125,431	871,181

Note 3 - Operating Profit

Operating profit before income tax has been determined after:

Crediting as Revenue:		
Interest received	21,192	16,061
Charging as Expense:		
Auditor's remuneration	2,543	2,700

Note 4 - Income Tax

The Company has received approval from the Australian Taxation Office that it is exempt from income tax by virtue of Section 23(e) of the Incomes Tax Assessment Act, 1936 (as amended). Accordingly, the Company does not require a provision for income tax nor is it required to recognise an income tax expense.

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2004

	2004 $	2003 $
Note 5 – Cash		
Bank Accounts		
Cash at Bank	163,156	171,316
	163,156	171,316

Note 6 - Contingent Liabilities

The Directors are not aware of any contingent liabilities as at the date of these financial statements.

Note 7 - Members' Funds

Opening Balance	110,118	109,521
Members' Funds		
Retained profits	(2,401)	597
Total Members' Funds	107,717	110,118

Note 8 - Members' Guarantee

The Company is limited by guarantee. If the Company is wound up the Memorandum of Association states that each member is required to contribute a maximum of $100 each towards meeting any outstanding obligations of the Company. At 31 December 2004 the number of personal and organisational members was 65.

Note 9 – Events subsequent to Balance Date.

There have been no significant events occurring after balance date.

To be read in conjunction with the Notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2004

	CORP.	FOUNDERS	ALL STARS	OLYMPIAN	METRO	2004 TOTAL	2003 TOTAL
INCOME	**$**	**$**	**$**	**$**	**$**	**$**	**$**
Consulting Fees	6,000					6,000	30,900
Licence Fee	8,565					8,565	4,500
Corporate Sponsorship	0					0	20,000
Membership Fees	21,000					21,000	27,600
Subscription Fees	336,000	189,017	180,000	157,000	113,895	975,912	694,282
Interest received	21,192					21,192	16,061
Registration Fees	93,662					93,662	77,838
Total Income	**486,419**	**189,017**	**180,000**	**157,000**	**113,895**	**1,126,331**	**871,181**
EXPENSES							
Auditor – Audit Fees	2,543					2,543	2,700
Banks Fees and Charges	17					17	0
Fellowship Fees	0					0	10,000
Filing Fees	40					40	420
Insurance	2,200					2,200	2,830
Legal	600					600	0
Management Fee	18,000					18,000	12,000
Membership Fees	15,909					15,909	18,556
Postage and freight	67					67	0
Program Preparation	330,000	189,000	180,000	157,000	107,978	963,978	699,430
Venue Expenses	102,054					102,054	88,328
Software Licence Fees	2,200					2,200	800
Telephone	14,224					14,224	9,620
Consulting Fees	6,000					6,000	25,900
Travel equalisation	900					900	0
Total Expenses	**494,754**	**189,000**	**180,000**	**157,000**	**107,978**	**1,128,732**	**870,584**
Operating surplus/(deficit) before Income tax	(8,335)	17	0	0	5,917	(2,401)	597
Operating surplus/(deficit) after income tax	(8,335)	17	0	0	5,917	(2,401)	597
Accumulated surplus (Deficit) at the beginning of the financial year.	51,639	31,561	23,972	0	2,946	110,118	109,521
Accumulated surplus at the end of the financial year	43,304	31,578	23,972	0	8,863	107,717	110,118

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
BALANCE SHEET
AS AT 31 DECEMBER 2004

		CORPORATE, OLYMPIANS FOUNDERS & ALL STARS	METRO	CONSOLIDATED TOTAL 2004	CONSOLIDATED TOTAL 2003
		($)	($)	($)	($)
Current Assets					
Cash	Note 5	99,540	63,617	163,157	171,316
Debtors		31,188	11,000	42,188	9,431
Total Current Assets		**130,728**	**74,617**	**205,345**	**180,747**
Non-current Assets					
Other		1,035		1,035	1,035
Total non-current assets		1,035		1,035	1,035
Total Assets		**131,763**	**74,617**	**206,380**	**181,782**
Current Liabilities					
Unearned income		71,000	19,500	90,500	59,100
Accounts payable (unsecured)		4,506	46,596	51,102	44,509
GST payable		(42,939)		(42,939)	(31,945)
Total Current Liabilities		**32,567**	**66,096**	**98,663**	**71,664**
Total Liabilities		**32,567**	**66,096**	**98,663**	**71,664**
Net Assets		**99,196**	**8,521**	**107,717**	**110,118**
Members' Funds					
Accumulated Surplus - Note 7				107,717	110,118
Total Members' Funds				**107,717**	**110,118**

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
STATEMENT OF CASH FLOWS
AS AT 31 DECEMBER 2004

	2004 ($)	2003 ($)
Cash Flow from Operating Activities		
Receipts from customers	1,071,465	906,778
Payments to suppliers	(1,100,816)	(883,028)
Interest Received	21,192	16,061
Net cash provided/used by operating activities (note 2)	(8,159)	39,811
Net increase (decrease in cash held)	(8,159)	39,811
Cash at the beginning of year	171,316	131,505
Cash at the end of year (note 2)	163,157	171,316

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
STATEMENT OF CASH FLOWS
AS AT 31 DECEMBER 2004

	2004 ($)	2003 ($)
Note 1 Reconciliation of Cash		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts		
Cash at Bank	163,157	171,316
	163,157	171,316
Note 2 Reconciliation of Net Cash Provided Operating Activities to Net Profit		
Operating profit (loss) after tax	(2,401)	597
Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:		
(Increase) decrease in Debtors	(32,757)	51,641
Increase (decrease) in Unearned income	31,400	20,100
Increase (decrease) in Creditors	6,593	(599)
Increase (decrease) in GST payable	(10,994)	(31,945)
Increase (decrease) in other payable	-	-
Net Cash provided by operating activities	(8,159)	39,811

To be read in conjunction with the notes that form part of and accompany the Financial Statements.