

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31991

Entity Name: HEALTHWORKS, INC.

FILED  
Apr 07, 2005  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 8214  
CHANDLER, AZ 852468214 US

**New Principal Place of Business:**

4601 W. FLINT STREET  
CHANDLER, AZ 85226 US

**Current Mailing Address:**

P.O. BOX 8214  
CHANDLER, AZ 852468214 US

**New Mailing Address:**

4601 W. FLINT STREET  
CHANDLER, AZ 85226 US

FEI Number: 59-2280503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLYNDER, MARILYN  
10521 S.W. 113 PLACE  
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: SAMUELS, EUGENE P.,  
Address: P.O. BOX 8214  
City-St-Zip: CHANDLER, AZ 852468214 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: SAMUELS, EUGENE P.,  
Address: 4601 W. FLINT STREET  
City-St-Zip: CHANDLER, AZ 85226 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EUGENE P. SAMUELS

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04/07/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date