

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G31991

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: HEALTHWORKS, INC.

Current Principal Place of Business:

11242 SW 28 PLACE
MIAMI, FL 33186 US

New Principal Place of Business:

P.O. BOX 8214
CHANDLER, AZ 852468214 US

Current Mailing Address:

11242 SW 128 PLACE
MIAMI, FL 33186 US

New Mailing Address:

P.O. BOX 8214
CHANDLER, AZ 851468214 US

FEI Number: 59-2280503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, EUGENE P., ESQ.
11242 SW 128 PLACE
MIAMI, FL 33186 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SAMUELS, EUGENE,
Address: 11242 S.W. 128 PLACE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: SAMUELS, EUGENE P.,
Address: P.O. BOX 8214
City-St-Zip: CHANDLER, AZ 852468214 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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04/18/2002

Electronic Signature of Signing Officer or Director

_____ Date