## G-31991

Heathwordes, Inc. 4601 Willing D. Churdler, A285226

CR2E031(7/97)

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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		. <u>I</u>	REGISTRATION/C	<u>QUALIFICATION</u>	. D	
1	Annual Report Fictitious Name	· [	Foreign Limited Partners Reinstatement Trademark Other	Examiner's Initials	7 O	₹

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Floyda
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation: Healthworks, Inc.
1. The name of the corporation .
0 - 0 - 2011
2. The mailing address of the corporation: P.O. Box 8214
Chandler, AZ 85246-8214
3. Date of incorporation/qualification: 4/5/1983 Document number: <u>G31991</u>
4. The name and address of the current registered agent and office:
Eugene P. Samuels, Esq.
11242 5.W. 128 Place == 8
Mani R 33186 ≥ ₹ ₹
5. The name and address of the new registered agent (if changed) and/or registered office (Fettanged):
(P. O. Box Not Acceptable)
Marilyn Blynder 39 3 1
10521 S.ω. 113 Place = 55 ?
Miami, FL 33176
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
5/20/02
(Signature of an officer, diairman or vice chairman of the board) (Date)
Eugene P. Samuels, President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Mariely Rayreks 5/20/02 (Signature of Registered Agent) (Date)
( <u>-</u>
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)