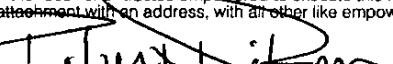


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUN 13 PM 4:06

DATE
FILED
FLORIDA

DOCUMENT # F01000002092					
1. Entity Name U.S. HEALTHWORKS HOLDING COMPANY, INC.					
Principal Place of Business 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005			Mailing Address 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROVA, BOB D 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEUPREE, DARCI 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert D. Prova 3655 North Point Parkway Suite 150 Alpharetta GA 30005 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIPROVA, BOB 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056267242 06/16/05--01060--017 **61.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		6/8/05		770 772 6282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert D. Prova President		Daytime Phone #	