

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077945

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** HEALTHWORKS MED GROUP OF FLORIDA, P.A.

**Current Principal Place of Business:**

40 BURTON HILLS BLVD, STE 200  
NASHVILLE, TN 37215

**New Principal Place of Business:**

205 MILLER SPRINGS COURT  
FRANKLIN, TN 37064

**Current Mailing Address:**

40 BURTON HILLS BLVD, STE 200  
NASHVILLE, TN 37215

**New Mailing Address:**

205 MILLER SPRINGS COURT  
FRANKLIN, TN 37064

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331    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:           BROOME, ROCHELLE A MD  
Address:        40 BURTON HILLS BLVD, STE 200  
City-St-Zip:    NASHVILLE, TN 37215

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

Title:            PD                    (X) Change ( ) Addition  
Name:           BROOME, ROCHELLE MD  
Address:        205 MILLER SPRINGS COURT  
City-St-Zip:    FRANKLIN, TN 37064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROCHELLE BROOME, MD

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date