

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002935

FILED  
Jan 18, 2006  
Secretary of State

Entity Name: HEALTHMARK MANAGEMENT, INC.

## Current Principal Place of Business:

370 CENTERPOINTE CIRCLE, STE. 1184  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

370 CENTERPOINTE CIRCLE  
SUITE 1184  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

370 CENTERPOINTE CIRCLE, STE. 1184  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

370 CENTERPOINTE CIRCLE  
SUITE 1184  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 01-0671850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOXWORTHY, MICHAEL L  
370 CENTERPOINTE CIRCLE, STE. 1184  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

FOXWORTHY, MICHAEL L  
370 CENTERPOINTE CIRCLE  
SUITE 1184  
ALTAMONTE SPRINGS, FL 32701 US

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:

01/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: FOXWORTHY, MICHAEL  
Address: 370 CENTERPOINTE CIRCLE, STE. 1184  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S ( ) Delete  
Name: FOXWORTHY, ANNIE  
Address: 370 CENTERPOINTE CIRCLE, STE 1184  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: FOXWORTHY, MICHAEL L  
Address: 370 CENTERPOINTE CIRCLE, SUITE 1184  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S (X) Change ( ) Addition  
Name: FOXWORTHY, ANNIE S  
Address: 370 CENTERPOINTE CIRCLE, STE 1184  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL L. FOXWORTHY

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01/18/2006

Electronic Signature of Signing Officer or Director

Date