2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F03000002935

Entity Name: HEALTHMARK MANAGEMENT, INC.

Current Principal Place of Business:

2762 TEAK PLACE
LAKE MARY, FL 32746 US

New Principal Place of Business:

462 VICTOR AVENUE
LONGWOOD, FL 32750 US

Current Mailing Address:

P.O. BOX 953575
LAKE MARY, FL 32795 US

New Mailing Address:

462 VICTOR AVENUE
LONGWOOD, FL 32750 US

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
2762 TEAK PLACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

FOXWORTHY, MICHAEL L
462 VICTOR AVENUE
LONGWOOD, FL 32750 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: 04/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: FOXWORTHY, MICHAEL L
Address: 2762 TEAK PLACE
City-St-Zip: LAKE MARY, FL 32746 US

Title: S ( ) Delete
Name: FOXWORTHY, ANNIE S
Address: 2762 TEAK PLACE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: FOXWORTHY, MICHAEL L
Address: 462 VICTOR AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: S (X) Change ( ) Addition
Name: FOXWORTHY, ANNIE S
Address: 462 VICTOR AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

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: MICHAEL L. FOXWORTHY PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date