


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90045 017 ***150.00

DOCUMENT # F04000004642 1. Entity Name U.S. HEALTHWORKS OF GEORGIA, 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2660956	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CDPS MALLAS, JOE 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S. Joseph Mallas 3655 North Point Parkway Suite 150 Alpharetta GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROVA, BOB D 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert DiProva 3655 North Point Parkway Suite 150 Alpharetta GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIPROVA, BOB 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert DiProva 3655 North Point Parkway Suite 150 Alpharetta GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11/10/06 770 7726282 Date Daytime Phone #		