2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# F04000004642

Entity Name: U.S. HEALTHWORKS OF GEORGIA, INC.

Current Principal Place of Business:

3655 NORTH POINT PARKWAY, SUITE 150
ALPHARETTA, GA 30005

New Principal Place of Business:

3440 PRESTON RIDGE ROAD
BLDG 4, SUITE 250
ALPHARETTA, GA 30005

Current Mailing Address:

3655 NORTH POINT PARKWAY, SUITE 150
ALPHARETTA, GA 30005

New Mailing Address:

3440 PRESTON RIDGE ROAD
BLDG 4, SUITE 250
ALPHARETTA, GA 30005

FEI Number: 58-2660956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DPS ( ) Delete
Name: MALLUS, JOSEPH
Address: 3655 N POINT PKWY STE 150
City-St-Zip: ALPHARETTA, GA 30005

Title: VP ( ) Delete
Name: DIPROVA, ROBERT
Address: 3655 N POINT PKWY STE 150
City-St-Zip: ALPHARETTA, GA 30005

Title: T ( ) Delete
Name: DIPROVA, ROBERT
Address: 3655 N POINT PKWY STE 150
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: MALLAS, JOSEPH
Address: 3440 PRESTON RIDGE ROAD, SUITE 250
City-St-Zip: ALPHARETTA, GA 30005

Title: VP (X) Change ( ) Addition
Name: DIPROVA, ROBERT
Address: 3440 PRESTON RIDGE ROAD, SUITE 250
City-St-Zip: ALPHARETTA, GA 30005

Title: T (X) Change ( ) Addition
Name: DIPROVA, ROBERT
Address: 3440 PRESTON RIDGE ROAD, SUITE 250
City-St-Zip: ALPHARETTA, GA 30005

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: ROBERT DIPROVA VP 01/04/2007

Electronic Signature of Signing Officer or Director — Date