

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000255

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: HEALTHFIELD OPERATING GROUP, INC.

## Current Principal Place of Business:

6666 POWERS FERRY RD., SUITE 328  
ATLANTA, GA 30339

## New Principal Place of Business:

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339

## Current Mailing Address:

6666 POWERS FERRY RD., SUITE 328  
ATLANTA, GA 30339

## New Mailing Address:

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339

FEI Number: 36-4425473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
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: C ( ) Delete  
Name: WINDLEY, RODNEY D  
Address: 6666 POWERS FERRY RD., SUITE 328  
City-St-Zip: ATLANTA, GA 30339

Title: DAS ( ) Delete  
Name: SNYDER, GARY E  
Address: 3290 NORTHSIDE PARKWAY, SUITE 400  
City-St-Zip: ATLANTA, GA 30327

Title: DP ( ) Delete  
Name: STRANGE, H. ANTHONY  
Address: 6666 POWERS FERRY RD., SUITE 328  
City-St-Zip: ATLANTA, GA 30339

Title: DS ( ) Delete  
Name: ENNIS, JOHN T SR  
Address: 6666 POWERS FERRY RD., SUITE 328  
City-St-Zip: ATLANTA, GA 30339

Title: T ( ) Delete  
Name: LUMPKIN, CYNTHIA L  
Address: 6666 POWERS FERRY RD., SUITE 328  
City-St-Zip: ATLANTA, GA 30339

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RODNEY D WINDLEY

CEO

01/31/2006

Electronic Signature of Signing Officer or Director

Date