

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90048 033 \*\*\*150.00

**DOCUMENT # F96000005907**

1. Entity Name  
**HEALTHCARE DIMENSIONS OF ARIZONA, INC.**



Principal Place of Business

**9280 S. KYRENE RD  
134  
TEMPE, AZ, 85284**

Mailing Address

**P.O. BOX 12318  
TEMPE, AZ 85284**

**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>86-0713382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCEO  
SWANSON, MARY K  
9280S. KYRENE RD -STE 134  
TEMPE, AZ 85284**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
GUIDO, RENE E  
9280 S KYRENE ROAD STE 134  
TEMPE, AZ 85284**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**COOD  
JACQUES, ROBERT  
9280 SKYRENE ROAD STE 134  
TEMPE, AZ 85284**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**MAR 24 2005 480-783-9555**

Date

Daytime Phone #

*VP of Finance*