


**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.	
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Principal Place of Business 9280 S. KYRENE RD 134 TEMPE, AZ, 85284	Mailing Address P.O. BOX 12318 TEMPE, AZ 85284
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**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-P CR2E034 (10/03)

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

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**

B. 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, 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	

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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: *Rita A. Walker* MAR 24 2005 480-783-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*VP of Finance*