2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# F96000005907

Entity Name: HEALTHCARE DIMENSIONS OF ARIZONA, INC.

Current Principal Place of Business:

9280 S. KYRENE RD
134
TEMPE, AZ 85284

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12318
TEMPE, AZ 85284

New Mailing Address:

FEI Number: 86-0713382 **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: PCEO ( ) Delete
Name: SWANSON, MARY K
Address: 9280S. KYRENE RD -STE 134
City-St-Zip: TEMPE, AZ 85284

Title: ST ( ) Delete
Name: GUIDO, RENE E
Address: 9280 S KYRENE ROAD STE 134
City-St-Zip: TEMPE, AZ 85284

Title: COOD ( ) Delete
Name: JACQUES, ROBERT
Address: 9280 SKYRENE ROAD STE 134
City-St-Zip: TEMPE, AZ 85284

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: SWANSON, MARY K
Address: 9280 S. KYRENE RD -STE 134
City-St-Zip: TEMPE, AZ 85284

Title: S (X) Change ( ) Addition
Name: ELLINGTON, RENE
Address: 9280 S KYRENE ROAD STE 134
City-St-Zip: TEMPE, AZ 85284

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

Title: T ( ) Change (X) Addition
Name: DANIELSON, BARBARA
Address: 9280 S. KYRENE ROAD STE 134
City-St-Zip: TEMPE, AZ 85284

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: BARBARA DANIELSON TREA 02/07/2006

Electronic Signature of Signing Officer or Director — Date