

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 8:00 am
Secretary of State

08-12-2004 90002 047 ***150.00

DOCUMENT # F97000006053

1. Entity Name
HEALTHWORKS ALLIANCE, INC.



Principal Place of Business
**500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

Mailing Address
**500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

66433159



02282003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0305888

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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**

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.

**PETER F. SOUZA
ASSISTANT SECRETARY**

SIGNATURE

Signature of principal or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/27/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
PAIER, ADOLF A
500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TRIBBETT, DAVID W
500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HARKINS, PATRICK
500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HALL, JOAN
500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DARNELL, JOHN
500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROHDE, JAMES
500 N. GULPH RD., STE 400
KING OF PRUSSIA, PA 19406**

**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


8/31/04
Date

Daytime Phone #

Attachment

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/12/2004-90002-047-\$150.00-\$150.00

DOCUMENT # F97000006053 1. Entry Name HEALTHWORKS ALLIANCE, INC.	
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66433159

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02282003 No Chg-P CR2E034 (10/03)

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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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Trust Fund Contribution.

☒ \$5.00 May Be
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO PAIER, ADOLF A 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRIBBETT, DAVID W 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARKINS, PATRICK 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HALL, JOAN 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DARNELL, JOHN 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROHDE, JAMES 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406

Please sign report
and forward
Any question
please call:
Gunny
610-994-0316

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SIGNATURE: Adolf A. Pauer 8/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

66433159

F97000006053

DATE May 18, 2004

COPY

FILING INSTRUCTIONS

Healthworks Alliance

Client

2004

Period

DUE DATE Mail not later than Sept. 8, 2004

TAX DUE OR REFUND

\$ 150 payable to FL Dept. of State
no tax is due.
will be refunded to you
will be credited to your _____ estimated tax

SIGNATURE

The return should be signed at the bottom of page 1.

MAILING INSTRUCTIONS

Mail the return and remittance to:

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

22000-00-00
Prepare check on
8/27/04
THP

The duplicate copy of the return should be retained for your records.

BEUCLER, KELLY & IRWIN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS
125 STRAFFORD AVENUE
WAYNE, PENNSYLVANIA 19087
(610) 688-3200 • 687-1011