2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 08, 2004 8:00 am Secretary of State DOCUMENT # F97000006053 08-12-2004 90002 047 ***150.00 HEALTHWORKS ALLIANCE, INC. Principal Place of Business Mailing Address 66433159 500 N. GULPH RD., STE 400 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406 KING OF PRUSSIA, PA 19406 CR2E034 (10/03) 02282003 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0305888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 8. The above named entity submits this the obligations of registered PETER F. SOUZA ASSISTANT SECRETARY SIGNATURE same of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE PAIER, ADOLF A NAME STREET ADDRESS 500 N. GULPH RD., STE 400 CITY-ST-ZIP KING OF PRUSSIA, PA 19406 TITLE NAME TRIBBETT, DAVID W STREET ADDRESS 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406 CITY-ST-ZIP TITLE HARKINS, PATRICK NAME STREET ADDRESS 500 N. GULPH RD., STE 400 DO NOT WRITE KING OF PRUSSIA, PA 19406 CITY-ST-ZIP TITLE IN THIS SPACE HALL, JOAN NAME STREET ADDRESS 500 N. GULPH RD., STE 400 CITY-ST-7IP KING OF PRUSSIA, PA 19406 TITLE NAME DARNELL, JOHN STREET ADDRESS 500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406 CITY-ST-ZIP

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 employered.

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ROHDE, JAMES

500 N. GULPH RD., STE 400

KING OF PRUSSIA, PA 19406

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

Daytime Phone #

FILED

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SIGNATURE:

Allachment

2004 FOR PROFIT CORPORATION

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

	ANNUAL	REPORT	, .					
1. Entity Nar	MENT # 5970000060)53						
HEALTH	WORKS ALLIANCE, INC.	·						
Principal Plac	ce of Business	Mailing Address	·			• 6 / 6		1/-0
	PH RD., STE 400 USSIA, PA 19406	500 N. GULPH RD., STE 400 King of Prussia, PA 19406				-66H	33	59
	O NOT WRITE	IN THIC CON	CE!		02282003	No Chg-P	CR2E034	
	JUNUI WAILE				4. FEI Num 51-03	ber 05888		Applied For Not Applicable
					5. Certificat	e of Status Desired		1.75 Additional Required
	-6. Name and Address of Current Ra	gistered Agent -				434		NY HERE
	PORATION SYSTEM				DO	NOT W	RITE	
	ITH PINE ISLAND ROAD ION; FL, 33324				4.00	THIS SP	APPEAR TO	
	named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or n	egistere	d agent, or b	oth, in the State of Flor	ida. I am fam	iliar with, and accept
SIGNATURE.						·		
·	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Typisse)	d Agent signature	e required w	hen reinstating)	<u>r</u>	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Finan Trust Fund Contribution.			00 May Be d to Fees	In accordance wi corporation did n	ith s. 607.19 ot receive ti	3(2)(b), F.S., the ne prior notice.
10.	OFFICERS AND DI	RECTORS						Maria 198
TITLE NAME	CEO PAIER, ADOLF A	•		Test Britis	S. or March Strate, 200	Targetter (1980) in partition of the	A .	
STREET ADDRESS	500 N. GULPH RD., STE 400			PA	<u> </u>	MARC ALD		
TITLE	KING OF PRUSSIA, PA 19406			1.00	ase:		•	
NAME STREET ADDRESS	TRIBBETT, DAVID W 500 N. GULPH RD., STE 400			Ûn	do	wand-	-	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	· · ·		,	$(\ \)$	questi	•	
TITLE NAME	V HARKINS, PATRICK	<u>. </u>		Ŀ	ing	Queste	m	
STREET ADDRESS CITY-ST-ZIP	500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406					1.7		
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NAME STREET ADDRESS	HALL, JOAN 500 N. GULPH RD., STE 400			را	cenu	- Carre		
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	·			G_{μ}	nnu		
TITLE NAME	DARNELL, JOHN					,,,,,,		
STREET ADORESS CITY-ST-ZIP	500 N. GULPH RD., STE 400 KING OF PRUSSIA, PA 19406				610-	call ning 1994-0311	o	2 - 2 2 - 3 3 - 3
TITLE	V							
NAME STREET ADDRESS	ROHDE, JAMES 500 N. GULPH RD., STE 400							
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	FREE LAND AND THE FORM	1272				6.54	New York
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Rorida 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 cath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this paport 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 papaddress, with all other like empowered.								

susan\gennoes

Healthworks Alliance		2004		
1 1 1 2	Client	Period		
DUE DATE	Mail not later than Sept. 8, 2004	•		
TAX DUE OR REFUND	payable to FL Dept. of State no tax is due. will be refunded to you will be credited to yourestimated to	ax		
SIGNATURE	The return should be signed at the bottom of page1	22000 -00-00		
MAILING INSTRUCTIONS	Mail the return and remittance to: Division of Corporations	par heck on y/27/04		
1 1 2	P. O. Box 6198	11"		
·	Tallahassee, Fl. 32314			
ų.	The duplicate copy of the return should be retained for you	r records.		
. 4	BEUCLER, KELLY & IRWIN, LTD. CERTIFIED PUBLIC ACCOUNTANTS 125 STRAFFORD AVENUE	•••		
	(610) 688-3200 * 687-1011	e e e		
Rev 7/00	• • •	susan\gennoes		