

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91277 031 \*\*\*150.00

**DOCUMENT # F97000006053**

1. Entity Name  
**HEALTHWORKS ALLIANCE, INC.**



Principal Place of Business  
**1018 WEST 8TH AVE.  
KING OF PRUSSIA PA 19406**

Mailing Address  
**1018 WEST 8TH AVE.  
KING OF PRUSSIA PA 19406**

11022320



2. Principal Place of Business

**500 N. Gulph Rd.**

Suite, Apt. #, etc.  
**Ste. 400**

3. Mailing Address

**500 N. Gulph Rd.**

Suite, Apt. #, etc.  
**Ste. 400**

City & State

**King of Prussia, PA**

Zip

**19406**

Country

**USA**

City & State

**King of Prussia, PA**

Zip

**19406**

Country

**USA**

4. FEI Number **51-0305888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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	<b>CEO PAIER, ADOLF A 1018 WEST 8TH AVE. KING OF PRUSSIA PA 19406</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TRIBBETT, DAVID W 1018 WEST 8TH AVE. KING OF PRUSSIA PA 19406</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HARKINS, PATRICK 1018 WEST 8TH AVE. KING OF PRUSSIA PA 19406</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HALL, JOAN 1018 WEST 8TH AVE. KING OF PRUSSIA PA 19406</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DARNELL, JOHN 1018 WEST 8TH AVE. KING OF PRUSSIA PA 19406</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Rohde, James 500 N. Gulph Rd., Ste. 400 King of Prussia, PA 19406</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Paier, Adolf A. 500 N. Gulph Rd., Ste. 400 King of Prussia, PA 19406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Tribbett, David W. 500 N. Gulph Rd., Ste. 400 King of Prussia, PA 19406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Harkins, Patrick 500 N. Gulph Rd., Ste. 400 King of Prussia, PA 19406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Hall, Joan 500 N. Gulph Rd., Ste. 400 King of Prussia, PA 19406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Darnell, John 500 N. Gulph Rd., Ste. 400 King of Prussia, PA 19406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Rohde, James 500 N. Gulph Rd., Ste. 400 King of Prussia, PA 19406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED: PAIER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CEO 3/3/03 610/354-0900**  
Date Daytime Phone #

0620195  
AT

CR2E034 (10/02)