2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2010
Secretary of State

DOCUMENT# L08000082772

Entity Name: HEALTHWORKS, LLC

Current Principal Place of Business:

192 LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

192 LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, ELEANOR C
192 LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COLE, ELEANOR C
Address: 192 LAKE POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM
Name: BLAIR, CHRISTOPHER C
Address: 192 LAKE POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: ELEANOR C. COLE PRES 04/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date