


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90032 024 \*\*\*150.00

<b>DOCUMENT # P01000009645</b>	
1. Entity Name HEALTHWORKS OF LAKE CITY, INC.	

Principal Place of Business 1206 MAIN BLVD SUITE 101 LAKE CITY, FL 32025	Mailing Address 1206 MAIN BLVD SUITE 101 LAKE CITY, FL 32025
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40113500



05072007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3694013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEARDSLEY, MICHAEL A 1206 SW MAIN BLVD STE 101 LAKE CITY, FL 32025		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
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BEARDSLEY, MICHAEL A 1206 MAIN BLVD STE 101 LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: 	Michael Beardsley	4/5/07	386 752-1652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #



**ATTACHMENT**  
**40115327**  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number  
**P01000009645**  
Business Entity Name  
**HEALTHWORKS OF LAKE CITY, INC.**

FEI Number 593694013  
FEI Number Status ☒ Listed Above Applied For Not Applicable  
Certificate of Status Desired Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution Yes ☒ No

**Principal Place of Business**

Address 1206 MAIN BLVD  
Suite, Apt. #, etc. SUITE 101  
City, State LAKE CITY, FL  
Zip Code & Country 32025

**Mailing Address**

Address 1206 MAIN BLVD  
Suite, Apt. #, etc. SUITE 101  
City, State LAKE CITY, FL  
Zip Code & Country 32025

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) BEARDSLEY, MICHAEL, A

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1206 SW MAIN BLVD  
Suite, Apt. #, etc. STE 101  
City, State LAKE CITY, FL  
Zip Code & Country 32025 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40115327

~~## 001000009645~~  
entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PSTD  
Name (Last, First, Middle, Title) BEARDSLEY, MICHAEL, A,  
- OR -  
Entity Name to serve as  
Officer/Director

Street Address 1206 MAIN BLVD STE 101  
City, State LAKE CITY, FL  
Zip Code & Country 32025

Title  
Name (Last, First, Middle, Title), , ,  
- OR -  
Entity Name to serve as  
Officer/Director

Street Address  
City, State ,  
Zip Code & Country

Title  
Name (Last, First, Middle, Title), , ,  
- OR -  
Entity Name to serve as  
Officer/Director

Street Address  
City, State ,  
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

#P01000007645

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PSTD

Officer/Director Signature

*N. Beardsley*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue    Reset