

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009645

FILED
Jun 26, 2009
Secretary of State

Entity Name: HEALTHWORKS OF LAKE CITY, INC.

Current Principal Place of Business:

1206 MAIN BLVD
SUITE 101
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

1206 MAIN BLVD
SUITE 101
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3694013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEARDSLEY, MICHAEL A
1206 SW MAIN BLVD
STE 101
LAKE CITY, FL 32025 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BEARDSLEY, MICHAEL A
Address: 1206 MAIN BLVD STE 101
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A BEARDSLEY

PSTD

06/26/2009

Electronic Signature of Signing Officer or Director

_____ Date