


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90007 040 ***150.00

DOCUMENT # P01000105651					
1. Entity Name U.S. HEALTHWORKS MEDICAL GROUP OF FLORIDA, INC.					
Principal Place of Business 8290 NORTH UNIVERSITY DRIVE PLANTATION, FL 33324			Mailing Address 3655 NORTH POINT PARKWAY SUITE 150 ALPHARETTA, GA 30005		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2654983	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMPA, RICHARD 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLATT, RANDY 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EISENHAUER, GREGORY 3655 NORTH POINT PARKWAY, SUITE 150 ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secretary Randy Platt 3655 North Point Parkway Suite 150 ALPHARETTA GA 30005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bob DiProva 3655 North Point Parkway Suite 150 ALPHARETTA, GA 30005	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: <i>Richard J. Kampa</i>		1/8/04		770 772 6282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard J. Kampa, President		Date		Daytime Phone #	