

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90045 016 ***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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2654983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	MALLAS, JOSEPH
STREET ADDRESS	3655 NORTH POINT PARKWAY, SUITE 150
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	V
NAME	DIPROVA, BOB
STREET ADDRESS	3655 NORTH POINT PARKWAY, SUITE 150
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	T
NAME	DIPROVA, BOB
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 770 726282