

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105651

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: U.S. HEALTHWORKS MEDICAL GROUP OF FLORIDA, INC.

## Current Principal Place of Business:

8290 NORTH UNIVERSITY DRIVE  
PLANTATION, FL 33324

## New Principal Place of Business:

7676 - C PETERSROAD  
PLANTATION, FL 33324

## Current Mailing Address:

3655 NORTH POINT PARKWAY  
SUITE 150  
ALPHARETTA, GA 30005

## New Mailing Address:

3440 PRESTON RIDGE ROAD  
BLDG 4, SUITE 250  
ALPHARETTA, GA 30005

FEI Number: 58-2654983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: MALLAS, JOSEPH  
Address: 3655 NORTH POINT PARKWAY, SUITE 150  
City-St-Zip: ALPHARETTA, GA 30005

Title: V ( ) Delete  
Name: DIPROVA, BOB  
Address: 3655 NORTH POINT PARKWAY, SUITE 150  
City-St-Zip: ALPHARETTA, GA 30005

Title: T ( ) Delete  
Name: DIPROVA, BOB  
Address: 3655 NORTH POINT PARKWAY, SUITE 150  
City-St-Zip: ALPHARETTA, GA 30005

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: MALLAS, JOSEPH  
Address: 3440 PRESTON RIDGE ROAD, SUITE 250  
City-St-Zip: ALPHARETTA, GA 30005

Title: V (X) Change ( ) Addition  
Name: DIPROVA, ROBERT  
Address: 3440 PRESTON RIDGE ROAD, SUITE 250  
City-St-Zip: ALPHARETTA, GA 30005

Title: T (X) Change ( ) Addition  
Name: DIPROVA, ROBERT  
Address: 3655 NORTH POINT PARKWAY, SUITE 150  
City-St-Zip: ALPHARETTA, GA 30005

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH MALLAS

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date