

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105651

FILED  
Jan 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

7676 - C PETERS ROAD  
PLANTATION, FL 33324

**New Principal Place of Business:**

7676 PETERS ROAD  
SUITE C  
PLANTATION, FL 33324

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: MAROTTA, GREGORY  
Address: 3440 PRESTON RIDGE ROAD, SUITE 250  
City-St-Zip: ALPHARETTA, GA 30005

Title: T  
Name: HUTCHISON, ROBERT  
Address: 3440 PRESTON RIDGE ROAD, SUITE 250  
City-St-Zip: ALPHARETTA, GA 30005

Title: AS  
Name: MALLAS, JOSEPEH  
Address: 3440 PRESTON RIDGE ROAD, SUITE 250  
City-St-Zip: ALPHARETTA, GA 30005

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH MALLAS

AS

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date