2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# P01000105651

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

Current Principal Place of Business:

7676 PETERS ROAD
SUITE C
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

25124 SPRINGFIELD COURT
SUITE 200
VALENCIA, GA 91355

FEI Number: 58-2654983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

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: ROBERT HUTCHISON T 02/28/2012

Electronic Signature of Signing Officer or Director Date