

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074606

Entity Name: WORKSMART MD, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

1540 CORNERSTONE BLVD  
SUITE 200  
DAYTONA BEACH, FL 32117

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 731406  
ORMOND BEACH, FL 32173

## New Mailing Address:

FEI Number: 01-0751793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REVIS, JOHN C  
648 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114 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: D ( ) Delete  
Name: MEYER, KIMBERLY  
Address: 15 MARJORIE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: MEYER, JAYSON P  
Address: PO BOX 731406  
City-St-Zip: ORMOND BEACH, FL 32173

Title: O (X) Delete  
Name: JACKSON, REID  
Address: 1540 CORNERSTONE BLVD  
City-St-Zip: DAYTONA BEACH, FL 32117 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MEYER, M JAYSON PRESIDE  
Address: PO BOX 731406  
City-St-Zip: ORMOND BEACH, FL 32173

Title: O (X) Change ( ) Addition  
Name: JACKSON, REID  
Address: PO BOX 731406  
City-St-Zip: ORMOND BEACH, FL 32173

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: M JAYSON MEYER

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date