2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

## **FILED** Aug 05, 2003 8:00 am Secretary of State 08-05-2003 90072 025 \*\*\*150.00

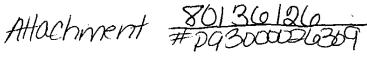
DOCUMENT # P93000026309

1. Entity Name HEALTH WORKS WEST, INC.

		,	1/8	T.C.					
Principal Place of Business 6302 NANATEE AVE W BRADENTON, FL 34209		Mailing Address 6302 MANATEE AVE W BRADENTON, FL 34209							
2. Principal F	Place of Business VIVacy Green Pky	3. Malling Address SOLU: Va Ge Green PKy Suite, Apt. #, etc.		)Ky					
<u>Si</u>	ite 18	Suite 18		-	**	ECK HERE IF M	AKING CHA		
_City & Stat	1	Brackenton	Fi		4. FEI Number 65-	0402526		<del></del>	olled For Applicable
Zip 3420	Country	34209	Country		5. Certificate of Statu	s Desired [		5 Addit lequired	
	5. Name and Address of Current				7. Name and Addres	a of New Regia	tered Agent		
BRADENTON, FL 34209 501					O. Box Number Is Not	Acceptable)	yay		
	46 - 1940			11	18	·····	FL Z	p Code	
	named entity submits this statement for	or the purpose of changing its reg	istered office or		d agent, or both, in the	State of Florida.		3 <u>4 2</u> 11 with, a	no accept
the colligat SIGNATURE	ions of registered agent.	Land title if application. (NOTE: Rep	jstered Agentsignati	ne eringer	Ahan misszating)		DATE		
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10. TITLE	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/CHANG	ES TO OFFICER	S AND DIRE		Addition
NAME STREET ADDRESS CITY-ST-ZIP	LEE, CATHY 6302 MANATEE AVE W BRADENTON, FL 34209		NAME STREET ADDRESS CITY-ST-2IP	501	Village ( adenton	oreen Pk			
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12. I hereby o	ertify that the information supplied with	this filing does not qualify for the	exemption state	ed in Sect	ion 119.07(3)(), Florida	Statutes, I furth	er certify that	the info	rmation

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 all other like empowered.

SIGNATURE:





## American Accounting Service, Inc.

Corporate Headquarters: 357 6th Avenue West • Bradenton, Florida 34205 Phone: (941) 747-9292 • Fax: (941) 748-7626

Ocala Office: 4611 No. Carl G. Rose Hwy., Suite A • Hernando, Florida 32642 • Phone: (904) 637-5440

July 25, 2003

Department of Corporations 5050 West Tennessee St Tallahassee FL 32399

Health Works West Inc 501 Village Green Parkway Suite 18 Bradenton FL 34209-3401 65-0402526

Dear Sir or Madam:

Please accept the enclosed check for \$150.00 to cover the UBR fee for 2003. Our clients recently moved, and apparently did not have all their mail forwarded.

It wasn't until a conversation today with our client that we realized that they had not received the UBR.

Please note the new address.

Thank you for your consideration in this matter.

Sincerely,