

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054184

Entity Name: PHYSIOWORKS, INC.

FILED
Apr 07, 2007
Secretary of State

Current Principal Place of Business:

836 SUNSET LAKE BLVD
STE 201
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

836 SUNSET LAKE BLVD
STE 201
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 65-0427375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, GREGORY C
341 VENICE AVE W
VENICE, FL 34285 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: PVTD () Delete
Name: BARLETTA, RICHARD
Address: 8167 DEERBROOK CIR
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: BARLETTA, TIMI-JEAN
Address: 8167 DEERBROOK CIR
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTD (X) Change () Addition
Name: BARLETTA, RICHARD
Address: 8167 DEERBROOK CIR
City-St-Zip: SARASOTA, FL 34238

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

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: RICHARD BARLETTA

PRES

04/07/2007

Electronic Signature of Signing Officer or Director

_____ Date