2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# P95000014460

Entity Name: HEALTHMARK CORPORATION

Current Principal Place of Business:

7383 SAN RAMON DR.
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

7383 SAN RAMON DR.
MILTON, FL 32583 US

New Mailing Address:

FEI Number: 63-1044702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, JAMES H
7383 SAN RAMON DR.
MILTON, FL 32583 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: D ( ) Delete
Name: THOMPSON, JAMES H SR.
Address: 7383 SAN RAMON DR.
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: BREWER, JIM
Address: HIGHWAY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete
Name: BEARD, GERALD
Address: 860 BEARD RD
City-St-Zip: LAUREL HILL, FL 32567

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: THOMPSON, MARY M
Address: 7383 SAN RAMON DRIVE
City-St-Zip: MILTON, FL 32583

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: JIM BREWER CFO 05/13/2009

Electronic Signature of Signing Officer or Director Date