

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015510

FILED
Jul 06, 2006
Secretary of State

Entity Name: HEALTHMARK OF WALTON, INC.

Current Principal Place of Business:

4413 US HWY 331 SOUTH
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1326
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 59-3102445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JAMES H
4413 US HWY 331 SOUTH
DEFUNIAK SP, FL 32435 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: THOMPSON, JAMES H
Address: 4413 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: O () Delete
Name: BEARD, GERALD
Address: 4413 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: O () Delete
Name: BREWER, JAMES
Address: 4413 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: STEELE, DON
Address: 4413 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SP, FL 32435

Title: D () Delete
Name: ADKINSON, CLAYTON
Address: 4413 US HWY. 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: JOHNSON, SHERMAN
Address: 4413 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

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

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: JAMES A. BREWER

CFO

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date