

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90016 038 ****70.00

DOCUMENT # 726916

1. Entity Name
THE CENTERS, INC.



Principal Place of Business
5664 SW 60TH AVENUE, BLDG 1
OCALA, FL 34474 US

Mailing Address
5664 SW 60TH AVENUE, BLDG 1
OCALA, FL 34474 US

40034333



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0177273

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASCO, RUSSELL
4575 SE 48TH PLACE RD.
OCALA, FL 34480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME EHLERS, BRIAN
STREET ADDRESS 2437 SW 17TH ST
CITY-ST-ZIP Ocala, FL 34471

TITLE V ☐ Delete
NAME NORMAN, GARY L
STREET ADDRESS 6132 SW SR200
CITY-ST-ZIP Ocala, FL 34476

TITLE T ☒ Delete
NAME HARTSOCK, ROBERT D
STREET ADDRESS 1960 NW 58TH CT
CITY-ST-ZIP Ocala, FL 34482

TITLE S ☐ Delete
NAME HOLLAND, VICKERY L
STREET ADDRESS 2916 S CIRCLE DRIVE
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME Norman, Gary
STREET ADDRESS 2868 SE 31st
CITY-ST-ZIP Ocala, FL 34471

TITLE T ☐ Change ☒ Addition
NAME BRUCE, CELIENE
STREET ADDRESS 5480 SW 37th St.
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME DEBOLT, MARK
STREET ADDRESS 606 SE 1st Ave
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:

Russell Rasco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08 (352) 291-5455

Date

Daytime Phone #