2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726916

Entity Name: THE CENTERS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 51-0177273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RASCO, RUSSELL 5664 SW 60TH AVENUE BLDG 1 OCALA, FL 34474 US

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:

Flateria Circular of Davidson I Associa

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 NORMAN, GARY L
 Name:
 DEBOLT, MARK

 Address:
 2868 SE 31ST
 Address:
 46 SW 1ST AVENUE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471 US

Title: T () Delete Title: T (X) Change () Addition
Name: CELIENE, BRUCE Name: SPIVEY, STEPHEN
Address 5400 SM 27TH ST

 Address:
 5480 SW 37TH ST.
 Address:
 1949 SE 37TH CT. CIRCLE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: S () Delete Title: () Change () Addition

 Name:
 HOLLAND, VICKERY L
 Name:

 Address:
 2916 S CIRCLE DRIVE
 Address:

 City-St-Zip:
 INVERNESS, FL 34450
 City-St-Zip:

 $\label{eq:title:V} {\sf Title:} \qquad {\sf VP} \qquad {\sf (X) Change () Addition}$

 Name:
 DEBOLT, MARK
 Name:
 SPENCER, GARDNER

 Address:
 606 SE 1ST AVE
 Address:
 1963 NW 58TH CT

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34474

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK DEBOLT P 01/14/2009