

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 747593

1. Entity Name
WEST MELBOURNE HEALTH CENTER, INC.



Principal Place of Business
2125 NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

Mailing Address
2125 NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904



02282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1499228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ESTES, NORMAN
STREET ADDRESS	931 FAIRFAX PARK
CITY - ST - ZIP	TUSCALOOSA, AL 35406
TITLE	VPD
NAME	BURCHFIELD, JOHN
STREET ADDRESS	931 FAIRFAX PARK
CITY - ST - ZIP	TUSCALOOSA, AL 35406
TITLE	STD
NAME	LEE, CLAUDE
STREET ADDRESS	931 FAIRFAX PARK
CITY - ST - ZIP	TUSCALOOSA, AL 35406
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000680406
04/03/07-80078-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Jennifer M. Roedelmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07 *205-343-7324*
Date Daytime Phone #