

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003070

FILED
Apr 11, 2007
Secretary of State

Entity Name: STAR CENTER, INC.

Current Principal Place of Business:

1676 WEST HIBISCUS BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1676 WEST HIBISCUS BLVD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-4603093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M ESQ.
O'BRIEN RIEMENSCHNEIDER WATTWOOD & CANTWEL
1686 WEST HIBISCUS BOULEVARD
MELBOURNE, FL 32901 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: SALINAS, MAXIMO H PH.D.
Address: 4796 MERLOT DRIVE
City-St-Zip: VIERA, FL 32955

Title: D () Delete
Name: JACOB, CARMEUS
Address: 4951 NE BABCOCK ST, STE 3
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: BRADSTREET, DR. JEFF M.D.
Address: 1688 W HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: CHRISTENSEN, SALLY
Address: 1431 MARIPOSA DRIVE
City-St-Zip: PALM BEACH, FL 32905

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JACOBY, DEBRA DR
Address: 10400 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Change () Addition
Name: CAMPBELL, CAROLE MS..
Address: 1676 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

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

Title: D () Change (X) Addition
Name: MARTINEZ-DIAZ, JOSE DR.
Address: 150 W. UNIVERSITY BLVD.
City-St-Zip: MELB., FL 32901

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

SIGNATURE: MAXIMO H. SALINAS

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date