

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0047918 AV

DOCUMENT # P00000077132

1. Entity Name  
**THE HEALTH CENTER OF PANAMA CITY, INC.**

02 MAR 15 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2100 JENKS AVE PANAMA CITY FL 32405	Mailing Address 2100 JENKS AVE PANAMA CITY FL 32405
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-3664422</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STRAWN, STEVE</b> <b>2100 JENKS AVE</b> <b>PANAMA CITY FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>WARREN, JOHN</b> <b>12207 LYNDELL PLANTATION</b> <b>PANAMA CITY BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Steve Strawn</b> <b>3547 Betty Ford Rd</b> <b>Murfreesboro, TN 37130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500005133755</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-03/19/02--01027--013</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Warren, President Date: 2/22/02 Daytime Phone #: (850) 763-0446

CR2E034 (9/01)



ACCOUNT NO. : 072100000032  
 REFERENCE : 462283 7304648  
 AUTHORIZATION :  
 COST LIMIT : \$ PPD

ORDER DATE : March 12, 2002  
 ORDER TIME : 11:34 AM  
 ORDER NO. : 462283-065  
 CUSTOMER NO: 7304648  
 CUSTOMER: Ms. Jacquelyn O. Ayers  
 Health Centers  
 421 W. College Street  
 Murfreesboro, TN 37130

ANNUAL REPORT FILING

NAME: THE HEALTH CENTER OF PANAMA  
 CITY

RECEIVED  
 02 MAR 15 PM 12:56  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_