

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077132

**FILED**  
**Feb 09, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

2100 JENKS AVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

PO BOX 18364  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

2100 JENKS AVE  
PANAMA CITY, FL 32405

**New Mailing Address:**

PO BOX 18364  
PANAMA CITY BEACH, FL 32407

**FEI Number:** 59-3664422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

WARREN, JOHN E PRES  
PO BOX 18364  
PANAMA CITY BEACH, FL 32407 BAY 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: JOHN WARREN

02/09/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STRAWN, STEVE  
Address: 910 SPRING PARK ST #303  
City-St-Zip: CELEBRATION, FL 34747

Title: P ( ) Delete  
Name: WARREN, JOHN  
Address: 12207 LYNDELL PLANTATION  
City-St-Zip: PANAMA CITY BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: WARREN, JOHN  
Address: 12207 LYNDELL PLANTATION  
City-St-Zip: PANAMA CITY BEACH, FL 32407

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

SIGNATURE: JOHN WARREN

P

02/09/2006

Electronic Signature of Signing Officer or Director

Date