

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90068 004 ***150.00

DOCUMENT # P00000077134

1. Entity Name

THE HEALTH CENTER OF ORLANDO, INC.

Principal Place of Business

**4875 CASON COVE DR
ORLANDO FL 32861**

Mailing Address

**P.O. BOX 618246
ORLANDO FL 32861**

2. Principal Place of Business

4875 Cason Cove Dr

3. Mailing Address

P.O. Box 618246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3664423

Applied For
Not Applicable

Zip
32811

Country
USA

Zip
32861-8246

Country
USA

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

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD, 1500 MIAMI CENTER
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 **D** ☐ Delete
NAME **STRAWN, STEVE**
STREET ADDRESS **4875 CASON COVE DR**
CITY-ST-ZIP **ORLANDO FL 32861**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P/T Rykiel, Stephen**
STREET ADDRESS **4875 Cason Cove Dr**
CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Change ☒ Addition
NAME **S Rodriguez, Nancy**
STREET ADDRESS **4875 Cason Cove Dr**
CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Steve Rykiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE RYKIEL Administrator
President/Treasurer

1/15/01
Date

407-430-2090
Daytime Phone #

CR2E034 (10/00)