2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90018 042 ***150.00

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1. Entity Name
THE HEALTH CENTER OF ORLANDO, INC.

Principal Place of Business
4875 CASON COVE DR
ORLANDO, FL 32811

Mailing Address
P.O. BOX 618306
ORLANDO, FL 32861-8306

01112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country | Zip | Country

4. FEI Number
59-3664423
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature of or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature is required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	STRAWN, STEVE	NAME	STEVE STRAWN
STREET ADDRESS	910 SPRING PARK ST, # 303	STREET ADDRESS	52 RILEY Rd, # 341
CITY-ST-ZIP	CELEBRATION, FL 34747	CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARKER, SHELBY	NAME	
STREET ADDRESS	4875 CASON COVE DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	UVA, SALLY	NAME	
STREET ADDRESS	4875 CASON COVE DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AYERS, JACQUELYN	NAME	
STREET ADDRESS	P.O. BOX 11037	STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO, TN 37129	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: _____ SHELBY PARKER 1/11/08 407-420-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #