

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077134

FILED
Mar 09, 2009
Secretary of State

Entity Name: THE HEALTH CENTER OF ORLANDO, INC.

Current Principal Place of Business:

4875 CASON COVE DR
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618306
ORLANDO, FL 328618306

New Mailing Address:

4875 CASON COVE DR
ORLANDO, FL 32811

FEI Number: 59-3664423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRAWN, STEVE
Address: 52 RILEY RD # 381
City-St-Zip: CELEBRATION, FL 34747

Title: PTD () Delete
Name: PARKER, SHELBY
Address: 4875 CASON COVE DR
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: UVA, SALLY
Address: 4875 CASON COVE DR
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: AYERS, JACQUELYN
Address: P.O. BOX 11037
City-St-Zip: MURFREESBORO, TN 37129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHELBY PARKER

PTD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date