2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# P00000077134

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:

4875 CASON COVE DR
ORLANDO, FL 32811

New Mailing Address:

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
Name: STRAWN, STEVE
Address: 52 RILEY RD # 381
City-St-Zip: CELEBRATION, FL 34747

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHELBY PARKER D 02/16/2010

Electronic Signature of Signing Officer or Director Date