

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90249 016 ***150.00

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| DOCUMENT # 000000077130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name The Health Center of Naples, INC. DBA The Aristocrat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 10949 Parnu Street Naples, FL 34109 | | | Mailing Address SAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 651032117 | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent Corporation Company of Miami 201 S. Biscayne Blvd 1500 Miami Ctr Miami, FL 33131 | | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | City | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FL | | | FL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | | | 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 Derick Deeter, President | | | | 04/25/01 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>DATE</small> | | | | <small>DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Steve Strawn</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>421 W. College St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Murfreesboro, TN 37130</td> <td></td> </tr> </table> | | | TITLE | D | <input type="checkbox"/> Delete | NAME | Steve Strawn | | STREET ADDRESS | 421 W. College St | | CITY-ST-ZIP | Murfreesboro, TN 37130 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Derick Deeter</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>156 Flame Vine Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Naples, FL 34110</td> <td></td> </tr> </table> | | | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | Derick Deeter | | STREET ADDRESS | 156 Flame Vine Dr | | CITY-ST-ZIP | Naples, FL 34110 | |
| TITLE | D | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: | | | | President | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 4/25/01 941-592-5501 | | | | | | | | | | | | | | | | | | | | | | | | | |

CR2E034 (1/1/00)