

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90008 010 ***150.00

DOCUMENT # P00000077138

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



Principal Place of Business
 10949 PARNU ST
 NAPLES, FL 34109

Mailing Address
 10949 PARNU ST
 NAPLES, FL 34109

40008616



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01072008 Chg-P CR2E034 (12/06)

Zip

Country

Zip

Country

4. FFI Number

65-1032117

Applied For

Not Applicable

5. Certificate of Status Desired

\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 typed or printed name of registered agent in block 10 is applicable.

(NOTE: Registered agent name is not required when filing a change of agent.)

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 10

FILE NAME	TITLE	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
D STRAWN, STEVE	<input type="checkbox"/> Delete	10949 PARNU ST	NAPLES, FL 34109	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P HELSEL, JOHN	<input type="checkbox"/> Delete	10949 PARNU ST	NAPLES, FL 34109	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S FRAZZETTA, KAREN	<input type="checkbox"/> Delete	10949 PARNU ST	NAPLES, FL 34109	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
AS AYERS, JACQUELYN	<input type="checkbox"/> Delete	P.O. BOX 11037	MURFREESBORO, TN 37129	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

D
 Strawn, Steve
 52 Riley Road #381
 Celebration, FL 34747

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 199, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that the 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 empowerd.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Strawn

1/17/08

DATE

SECRETARY OF STATE