

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077141

FILED
Jan 26, 2005
Secretary of State

Entity Name: THE HEALTH CENTER OF MERRITT ISLAND, INC.

Current Principal Place of Business:

500 CROCKETT BLVD
MERRITT ISLAND, FL 32954

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540760
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3664424 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 32301 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: 3547 BETTY FORD RD
City-St-Zip: MURFREESBORO, TN 37130

Title: PTD () Delete
Name: WILLIAMS, LESLIE F
Address: 500 CROCKETT BLVD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: FINK, ALAINE
Address: 500 CROCKETT BLVD
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STRAWN, STEVE
Address: 910 SPRING PARK STREET #303
City-St-Zip: CELEBRATION, FL 34747

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 for the exemption stated in Section 119.07(3)(i), 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: LESLIE F. WILLIAMS

PTD

01/26/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date