

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077141

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

500 CROCKETT BLVD  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540760  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

500 CROCKETT BLVD  
MERRITT ISLAND, FL 32953

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: 52 RILEY ROAD #381  
City-St-Zip: CELEBRATION, FL 34747

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: ( ) 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: LESLIE F. WILLIAMS

P

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date