

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077141

FILED
Jan 06, 2010
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:

500 CROCKETT BLVD
MERRITT ISLAND, FL 32953

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

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

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

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: LESLIE F. WILLIAMS

PTD

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date