

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 035 ***150.00

DOCUMENT # P0000077142

1. Entity Name
 THE HEALTH CENTER OF COCONUT CREEK, INC.



Principal Place of Business
 4125 W SAMPLE RD
 COCONUT CREEK, FL 33073

Mailing Address
 4125 W SAMPLE RD
 COCONUT CREEK, FL 33073

60003004



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1032121 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRAWN, STEVE
STREET ADDRESS	910 SPRING CREEK STREET
CITY-ST-ZIP	CELEBRATION, FL 347147
TITLE	PT
NAME	HERNANDEZ, CARIDAD
STREET ADDRESS	4125 W. SAMPLE ROAD
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	S
NAME	ADLER, BARBARA
STREET ADDRESS	4125 W SAMPLE ROAD
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caridad Hernandez

1/9/06

Date

954-968-8333

Daytime Phone #