


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90178 021 \*\*\*150.00

<b>DOCUMENT # P0000077142</b> 1. Entity Name THE HEALTH CENTER OF COCONUT CREEK, INC.	
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Principal Place of Business 4125 W SAMPLE RD COCONUT CREEK, FL 33073	Mailing Address 4125 W SAMPLE RD COCONUT CREEK, FL 33073
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

40067606



04052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1032121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, STEVE <input type="checkbox"/> Delete 910 SPRING CREEK STREET CELEBRATION, FL 347147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, JANICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4125 W. Sample Road Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HERNANDEZ, CARIDAD <input type="checkbox"/> Delete 4125 W. SAMPLE ROAD COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Ayers Jacquelyn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 11037 Murfreesboro, TN 37129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADLER, BARBARA <input checked="" type="checkbox"/> Delete 4125 W SAMPLE ROAD COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Caridad Hernandez - CARIDAD HERNANDEZ 4-5-07 954-968-8333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #