

APPROVED AND FILED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 MAR 15 PM 12:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P00000077143
1. Entity Name
THE HEALTH CENTER OF PLANT CITY, INC
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701 N. WILDER RD
3. Mailing Address
Same

City & State
PLANT CITY
City & State
PLANT CITY
Zip
33566
Country
HILLSBOROUGH

4. FEI Number
59-3664426
Applied For:
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City
TALLAHASSEE FL
Zip Code
32301

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.
SIGNATURE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$6125
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include F. STAN WEYER, STEVE STRAWN, LOUISE JACKSON.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: F. Stan Weyer, F. STAN WEYER, FEB 27, 02, 913752-3611

CR210585 (11/01)



ACCOUNT NO. : 072100000032
 REFERENCE : 462283 7304648
 AUTHORIZATION :
 COST LIMIT : \$ PPD

 ORDER DATE : March 12, 2002
 ORDER TIME : 11:32 AM
 ORDER NO. : 462283-055
 CUSTOMER NO: 7304648
 CUSTOMER: Ms. Jacquelyn O. Ayers
 Health Centers
 421 W. College Street
 Murfreesboro, TN 37130

RECEIVED
 02 MAR 15 PM 12:56
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: THE HEALTH CENTER OF PLANT
 CITY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____