

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90168 036 ***158.75

DOCUMENT # *P00000077143*



1. Entity Name

HEALTH CENTER OF PLANT CITY, INC

DO NOT WRITE IN THIS SPACE

90033765

2. Principal Place of Business

701 N. WILDER ROAD

Suite, Apt. #, etc.

3. Mailing Address

Sqme

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY, FLORIDA

City & State

4. FEI Number

59-366 4426

Applied For

Not Applicable

Zip

33566

Country

US

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *CORPORATION SERVICE COMPANY*

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST

City

TALLAHASSEE

FL

Zip Code

32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR STEVE STRAWN 701 N. WILDER ROAD PLANT CITY, FL 33566</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES / TRES F. STAN WEYER 701 N. WILDER ROAD PLANT CITY, FL 33566</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

F. Stan Weyer, *F. STAN WEYER, PRES* *1-29-03* *813 752-3611*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)