

2002 UNIFORM BUSINESS REPORT (UBR)

0557360 AV

DOCUMENT # **P0000077155**

1. Entity Name
THE HEALTH CENTER OF OCOEE, INC.

APPROVED
AND
FILED

02 MAR 15 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1556 MAGUIRE RD
OCOEE FL 34761**

Mailing Address
**1556 MAGUIRE RD
OCOEE FL 34761**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3664437**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D STRAWN, STEVE**
STREET ADDRESS **1556 MAGUIRE RD**
CITY-ST-ZIP **OCOEE FL 34761**

TITLE Change Addition
NAME **D STRAWN, STEVE**
STREET ADDRESS **3547 Betty Ford Rd**
CITY-ST-ZIP **MURFREESBORO, TN 37130**

TITLE Delete
NAME **P PARKER, SHELBY**
STREET ADDRESS **MAGUIRE ROAD**
CITY-ST-ZIP **OCOEE FL 34761**

TITLE Change Addition
NAME
STREET ADDRESS **900005133749--2**
CITY-ST-ZIP **-03/19/02--01027--011**

TITLE Delete
NAME **S UVA, SALLY**
STREET ADDRESS **1556 MAGUIRE ROAD**
CITY-ST-ZIP **OCOEE FL 34761**

TITLE Change Addition
NAME
STREET ADDRESS *****150.00**
CITY-ST-ZIP *****150.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Shelby Parker* **SHELBY PARKER** 2/19/02 407-877-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



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

ORDER DATE : March 12, 2002
 ORDER TIME : 11:37 AM
 ORDER NO. : 462283-075
 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, FL 32310

ANNUAL REPORT FILING

NAME: THE HEALTH CENTER OF OCOEE

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: _____