

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077155

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: THE HEALTH CENTER OF OCOEE, INC.

**Current Principal Place of Business:**

1556 MAGUIRE RD  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1556 MAGUIRE RD  
OCOEE, FL 34761

**New Mailing Address:**

FEI Number: 59-3664437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STRAWN, STEVE  
Address: 910 SPRING PARK ST # 303  
City-St-Zip: KISSIMMEE, FL 34747

Title: P ( ) Delete  
Name: PARKER, SHELBY  
Address: 1556 MAGUIRE RD  
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete  
Name: UVA, SALLY  
Address: 1556 MAGUIRE ROAD  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELBY PARKER

P

03/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date