

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077156

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE HEALTH CENTER OF IMPERIAL, INC.

Current Principal Place of Business:

900 IMPERIAL GOLF COURSE BLVD
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

900 IMPERIAL GOLF COURSE BLVD
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-1032131

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: 900 IMPERIAL GOLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: FRAZZETTA, KAREN
Address: 900 IMPERIAL GOLF CRSE. BLVD.
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: HELSEL, JOHN
Address: 900 IMPERIAL GOLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: WEIS-JONES, JAMIE
Address: 900 IMPERIAL GOLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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: JAMIE WEIS-JONES

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date