2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# P00000077163

Entity Name: THE HEALTH CENTER OF PORT CHARLOTTE, INC.

Current Principal Place of Business:

3547 BETTY FORD ROAD
DRIVEWAY #2
MURFREESBORO, TN 37130

New Principal Place of Business:

Current Mailing Address:

P O BOX 11037
MURFREESBORO, TN 37129

New Mailing Address:

FEI Number: 65-1032126 **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

OFFICERS AND DIRECTORS:

Title: DPT
Name: STRAWN, STEVE
Address: 32 RILEY RD 381
City-St-Zip: CELEBRATION, FL 34747

Title: S
Name: AYERS, JACQUELYN
Address: P O BOX 11037
City-St-Zip: MURFREESBORO, TN 37129

I hereby 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 all other like empowered.

SIGNATURE: STEVE STRAWN D 02/14/2012

Electronic Signature of Signing Officer or Director — Date