

2001 UNIFORM BUSINESS REPORT (UBR)

4/27/

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90373 027 \*\*\*150.00

DOCUMENT # P00000077165

1. Entity Name

THE HEALTH CENTER OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

8475 UNIVERSITY PKWY  
 PENSACOLA FL 32514

8475 UNIVERSITY PKWY  
 PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Site, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3664432

Applied For

Not Applicable

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 COMPANY OF MIAMI  
 201 S BISCAYNE BLVD, 1500 MIAMI CENTER  
 MIAMI FL 33131

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 (applicable)

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Director	STRAWN, STEVE	8475 UNIVERSITY PKWY	PENSACOLA FL 32514	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Joseph Ballay	915 Ariola Dr.	Pensacola Beach, Fl 32561	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Linda Sheets	1365 Tobias Rd	Cantonment, Fl 32533	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Ballay

1-11-01

850-474-1252

Date

Signature Phone #

CR2E034 (10/00)