


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90078 005 \*\*\*150.00

<b>DOCUMENT #</b> <u>P00000077165</u>	
<b>1. Entity Name</b> The Health Center of Pensacola	

**DO NOT WRITE IN THIS SPACE**

40072402 ✓

<b>2. Principal Place of Business</b> 8475 University Parkway		<b>3. Mailing Address</b> 8475 University Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Pensacola Florida		<b>City &amp; State</b> Pensacola Florida	
<b>Zip</b> 32514	<b>Country</b> USA	<b>Zip</b> 32514	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 59-3664432		<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	<b>Name</b> Corporation Services Company <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street <b>City</b> Tallahassee <b>FL</b> <b>Zip Code</b> 32301-2525		

**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, I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ **N/A** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> Steve Strawn 910 Spring Street, #303 Celebration, Florida 34747	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D/P</b> Joseph Ballay 1131 University Parkway Gulf Breeze, Florida 32563	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> Cynthia Babb 7511 Holmes Street Milton, Florida 32583	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**12.** 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Joseph C. Ballay V** **03/28/07** **850-474-1252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)