


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**


01-18-2007 90089 030 \*\*\*150.00

<b>DOCUMENT # P00000077167</b>	
1. Entity Name THE HEALTH CENTER OF LAKE CITY, INC.	

Principal Place of Business 560 SOUTHWEST MCFARLANE AVENUE LAKE CITY, FL 32025	Mailing Address 560 SOUTHWEST MCFARLANE AVENUE LAKE CITY, FL 32025
--	--

**DO NOT WRITE IN THIS SPACE**

40002750



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3664431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, STEVE 910 SPRING PARK STRET #303 KISSIMMEE, FL 34747 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERVOLA, SHARON 560 SW MCFARLANE AVE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIAN FRANCESCO, DAWN 560 SW MC FARLANE AVE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AYERS, JACQUELYN PO BOX 71037 PO Box 11037 MURFREESBORO, TN 37129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Tervola, Admin. 1/13/07 (386) 758-4777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #