

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077167

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE HEALTH CENTER OF LAKE CITY, INC.

Current Principal Place of Business:

560 SOUTHWEST MCFARLANE AVENUE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

560 SOUTHWEST MCFARLANE AVENUE
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3664431 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 32301 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: 52 RILEY ROAD #381
City-St-Zip: CELEBRATION, FL 34747

Title: P () Delete
Name: TERVOLA, SHARON
Address: 560 SW MCFARLANE AVE
City-St-Zip: LAKE CITY, FL 32025

Title: S () Delete
Name: GIAN FRANCESCO, DAWN
Address: 560 SW MC FARLANE AVE
City-St-Zip: LAKE CITY, FL 32025

Title: AS () Delete
Name: AYERS, JACQUELYN
Address: P.O. BOX 11037
City-St-Zip: MURFREESBORO, TN 37129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHARON TERVOLA

ADM

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date