

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077167

FILED
Jan 14, 2011
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:

3547 BETTY FORD ROAD
DRIVEWAY #2
MURFREESBORO, TN 37130

Current Mailing Address:

560 SOUTHWEST MCFARLANE AVENUE
LAKE CITY, FL 32025

New Mailing Address:

P O BOX 11037
MURFREESBORO, TN 37129

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

OFFICERS AND DIRECTORS:

Title: DPT
Name: STRAWN, STEVE
Address: 52 RILEY ROAD #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

DPT

01/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date