2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000077167 **DOCUMENT #**

1. Entity Name

THE HEALTH CENTER OF LAKE CITY, INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90228 039 ***150.00

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27 MCFARLANE AVE AKE CITY FL 32025			920 MCFARLANE AVE LAKE CITY FL 32025								
2. Principal Place of Business 5605 W McFarlanc Ave			3. Mailing Address 560 SW Mc Forlane Ave				1 10 0 	!	III da ili ba iil l		
Suite, Apt.		ictariane Ave	Suite, Apt. #, etc	Me Horla	2he #	ve	_				
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City & State			City & State		4.	59-3664431		Applied For Not Applicable			
Zip		Country	Zìp	Cour	ntry	5.	Certificate of	Status Desired		\$8.75 Ad	
	6. Name	and Address of Current R	egistered Agent			7.	Name and A	ddress of New F	Registered	Agent	
					Name						
CORPORA	ation Servi	ICE COMPANY			Street A	ddress (P.O.	Roy Number is	s Not Acceptable	2)		
1201 HAY	S STREET	. #			Olicela	daress (1.0.	DOX 140111061 1	3 Not Acceptable	7)		
	SSEE FL 323										
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	e named entity tions of registe	submits this statement for ered agent.	the purpose of chan-	ging its register	red office or	registered a	agent, or both,	in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE											
	Signature, typed o	or printed harne of registered agent an	d title if applicable.	(NOTE: Registere	ed Agent signatu	re required wher	reinstating)		DATE		
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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

SIGNATURE: