

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011079 AV

02 MAR 15 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000077171

1. Entity Name
THE HEALTH CENTER OF DAYTONA BEACH, INC.

Principal Place of Business
550 NATIONAL HEALTHCARE DR
DAYTONA BEACH FL 32114

Mailing Address
550 NATIONAL HEALTHCARE DR
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3664429

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME BAIRD, ROSS
STREET ADDRESS 550 NATL HEALTHCARE DR
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005133791-2
-03/19/02--01027--021
*****150.00 *****150.00 ☐ Change ☐ Addition

TITLE S
NAME STINSON, ELIZABETH BETSY
STREET ADDRESS 550 NATL HEALTHCARE DR
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STRAWN, STEVE
STREET ADDRESS 550 NATL HEALTHCARE DR
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE D
NAME Steve Strawn
STREET ADDRESS 3547 Betty Ford Road
CITY-ST-ZIP Murfreesboro, TN 37130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 (386) 257-6362
Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 462283 7304648

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 12, 2002

ORDER TIME : 11:41 AM

ORDER NO. : 462283-085

CUSTOMER NO: 7304648

CUSTOMER: Ms. Jacquelyn O. Ayers
Health Centers
421 W. College Street

Murfreesboro, TN 37130

ANNUAL REPORT FILING

NAME: THE HEALTH CENTER OF DAYTONA
BEACH

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____

RECEIVED
02 MAR 15 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA