


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000077,171</b> 1. Entity Name <b>THE HEALTH CENTER OF DAYTONA BEACH, INC.</b>	
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Principal Place of Business  
**550 NATIONAL HEALTHCARE DR  
DAYTONA BEACH, FL 32114**

Mailing Address  
**550 NATIONAL HEALTHCARE DR  
DAYTONA BEACH, FL 32114**



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3664429</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PT BAIRD, ROSS 550 NATL HEALTHCARE DR DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, STEVE 3547 BETTY FORD ROAD MURFREESBORO, TN 37130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000119182  
04/19/04-80090-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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

4/12/04

Date

Daytime Phone #