

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90029 028 ***150.00

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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**

60003347



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3664429

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME STRAWN, STEVE
STREET ADDRESS 910 SPRING PARK STREET #303
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE S
NAME PATTON, BETH
STREET ADDRESS 550 NATIONAL HEALTHCARE DR.
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE AS
NAME AYERS, JACQUELYN
STREET ADDRESS PO BOX 1637
CITY-ST-ZIP MURFREESBORO, TN 37129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ross A. Baird, NHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

(386) 257-6262

Daytime Phone #