

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2006 90029 028 ***150.00

60003347




01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3664429	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 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 910 SPRING PARK STREET #303 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTON, BETH 550 NATIONAL HEALTHCARE DR. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AYERS, JACQUELYN PO BOX 1637 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*  1/23/06 (386)257-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #