

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 009 ***158.75

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DOCUMENT # P0000077171			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3664429		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 32301-2525		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BAIRD, ROSS <input type="checkbox"/> Delete 550 NATL HEALTHCARE DR DAYTONA BEACH, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, STEVE <input type="checkbox"/> Delete 910 SPRING PARK STREET #303 CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTON, BETH <input checked="" type="checkbox"/> Delete 550 NATIONAL HEALTHCARE DR. DAYTONA BEACH, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pashman, Erica <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 550 National Healthcare Dr. Daytona Beach, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AYERS, JACQUELYN <input type="checkbox"/> Delete PO BOX 1637 MURFREESBORO, TN 37129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Jacquelyn Ayers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 11037 Murfreesboro, TN 37129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1/11/07 Daytime Phone #: (384) 257-6362	