
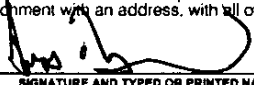


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90039 032 ***158.75

| | | | |
|--|------------------------------------|---|--|
| 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 |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | PT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAIRD, ROSS | NAME | |
| STREET ADDRESS | 550 NATL HEALTHCARE DR | STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAWN, STEVE | NAME | Strawn, Steve |
| STREET ADDRESS | 910 SPRING PARK STREET #303 | STREET ADDRESS | 52 Riley Road #381 |
| CITY-ST-ZIP | CELEBRATION, FL 34747 | CITY-ST-ZIP | Celebration, FL 34747 |
| TITLE | S <input type="checkbox"/> Delete | TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORHLMAN, ERICA | NAME | Monaco, Erica |
| STREET ADDRESS | 550 NATIONAL HEALTHCARE DRIVE | STREET ADDRESS | 550 National Healthcare Dr. |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | CITY-ST-ZIP | Daytona Beach, FL 32114 |
| TITLE | AS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AYERS, JACQUELYN | NAME | |
| STREET ADDRESS | P.O. BOX 11037 | STREET ADDRESS | |
| CITY-ST-ZIP | MURFREESBORO, TN 37129 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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 BAIRD | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 1/14/08 | |
| | | Daytime Phone #: (386) 257-6362 | |