
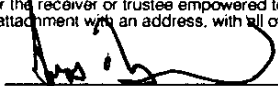


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-30-2008 90039 032 ***158.75

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		
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	01162008 Chg-P CR2E034 (12/06)	
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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 NAME BAIRD, ROSS STREET ADDRESS 550 NATL HEALTHCARE DR CITY- ST- ZIP DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE D NAME Strawn, Steve STREET ADDRESS 52 Riley Road #381 CITY- ST- ZIP Celebration, FL 34747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STRAWN, STEVE STREET ADDRESS 910 SPRING PARK STREET #303 CITY- ST- ZIP CELEBRATION, FL 34747	<input type="checkbox"/> Delete		TITLE S NAME monaco, Erica STREET ADDRESS 550 National Healthcare Dr. CITY- ST- ZIP Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PORHLMAN, ERICA STREET ADDRESS 550 NATIONAL HEALTHCARE DRIVE CITY- ST- ZIP DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE AS NAME AYERS, JACQUELYN STREET ADDRESS P.O. BOX 11037 CITY- ST- ZIP MURFREESBORO, TN 37129	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME AYERS, JACQUELYN STREET ADDRESS P.O. BOX 11037 CITY- ST- ZIP MURFREESBORO, TN 37129	<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: 			Ross BAIRD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/18/08 Daytime Phone #: (386) 257-6362		