

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

0012087 AV

02-26-2003 90183 006 \*\*\*150.00

**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



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 59-3664429  
Applied For  Not Applicable

**5. Certificate of Status Desired**  \$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 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 \_\_\_\_\_ 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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BAIRD, ROSS 550 NATL HEALTHCARE DR DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, STEVE 3547 BETTY FORD ROAD MURFREESBORO TN 37130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:** SIGNATURE REQUIRED 1/6/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)