2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079611

1. Entity Name
THE HEALTH CENTER OF BLUE WATER BAY, INC.

APPROVED AND FILED
02 MAR 15 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0061030 AV

Principal Place of Business	Mailing Address
1500 N WHITE POINT RD NICEVILLE FL 32578	1500 N WHITE POINT RD NICEVILLE FL 32578

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3665845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLAGHER, DUANE 1500 N WHITE POINT RD NICEVILLE FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Strawn 3547 Betty Ford Road Murfreesboro, TN 37130	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, MARSHA 1500 N WHITE POINT RD NICEVILLE FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005133780--6 -03/19/02--01027--018 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Duane Gallagher, President 2/25/02 850-897-5592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 462283 7304648

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : March 12, 2002

ORDER TIME : 11:43 AM

ORDER NO. : 462283-100

CUSTOMER NO: 7304648

CUSTOMER: Ms. Jacquelyn O. Ayers
Health Centers
421 W. College Street

Murfreesboro, TN 37130

RECEIVED
02 MAR 15 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: THE HEALTH CENTER OF BLUE WATER BAY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____