

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000079611
 1. Entity Name
 THE HEALTH CENTER OF BLUE WATER BAY, INC.



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

Mailing Address
 1500 N WHITE POINT RD
 NICEVILLE, FL 32578



01052006 No Chg-P CR2E034 (11/05)

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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
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLAGHER, DUANE
STREET ADDRESS	1500 N WHITE POINT RD
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	S
NAME	WILSON, MARSHA
STREET ADDRESS	1500 N WHITE POINT RD
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	STRAWN, STEVE
STREET ADDRESS	910 SPRING PARK STREET #303
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	D
NAME	GALLAGHER, DUANE
STREET ADDRESS	1500 N WHITE POINT RD.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/11/06-80043-012 150.00

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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: S. Duane Gallagher **1/4/06** **850-897-5592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #