2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079611

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

Current Principal Place of Business:	**New Principal Place of Business:**
1500 N WHITE POINT RD NICEVILLE, FL 32578	

Current Mailing Address:	**New Mailing Address:**
1500 N WHITE POINT RD NICEVILLE, FL 32578	

FEI Number: 59-3665845   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US	

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: _____

             Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: P ( ) Delete Name: STRWN, STEVE Address: 52 RILEY ROAD #381 City-St-Zip: CELEBRATION, FL 34747	Title: P (X) Change ( ) Addition Name: STRAWN, STEVE Address: 52 RILEY ROAD #381 City-St-Zip: CELEBRATION, FL 34747
Title: S ( ) Delete Name: WILSON, MARSHA Address: 1500 N WHITE POINT RD City-St-Zip: NICEVILLE, FL 32578	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: STRAWN, STEVE Address: 52 RILEY ROAD #381 City-St-Zip: CELEBRATION, FL 34747	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE STRAWN   P   01/09/2009

            Electronic Signature of Signing Officer or Director   Date