

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000 000 84030

1. Entity Name

CORWINA KEY HEALTH CARE CENTER, INC.

APPROVED  
AND  
FILED

02 MAR 15 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

435 4th Ave. SO.

Suite, Apt. #, etc.

3. Mailing Address

435 4th Ave SO.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

Zip  
33705

Country  
PINELAS

City & State

ST. PETERSBURG, FL

Zip  
33705

Country  
PINELAS

4. FFI Number

59-3668629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code  
32301

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$650.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D, P, T  
Steve Strawn  
3547 Betty Ford Rd  
Murfreesboro, TN 37130

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
Jacquelyn Ayers  
421 W College St  
Murfreesboro TN 37130

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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100005133671-26  
-03/19/02--01027--009  
\*\*\*\*150.00 \*\*\*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

125-217-2324

Date

Daytime Phone #



ACCOUNT NO. : 0721000000032

REFERENCE : 462283 7304648

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 12, 2002

ORDER TIME : 11:19 AM

ORDER NO. : 462283-005

CUSTOMER NO: 7304648

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

Murfreesboro, TN 37130

ANNUAL REPORT FILING

NAME: COQUINA KEY HEALTH CARE  
CENTER, INC.

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: \_\_\_\_\_

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