
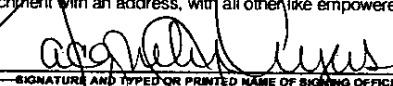


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90073 048 ***150.00

DOCUMENT # P03000152312 1. Entity Name WILLISTON HEALTH CARE CENTER, INC.					
Principal Place of Business 300 NW 1ST AVENUE WILLISTON, FL 32696			Mailing Address 300 NW 1ST AVENUE WILLISTON, FL 32696		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0560531	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, SHELBY 1556 MAGUIRE RD OCOE, FL 34761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT Parker, Shelby 4875 CASON COVE DR. Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAWN, STEVE 910 SPRING PARK ST, # 303 CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT OWENS-WICKER, MARIA 300 NW 1ST AVENUE WILLISTON, FL 32696 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WRIGHT, RENEE 300 NW 1ST AVENUE WILLISTON, FL 32696 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS AYERS, JACQUELYN P.O. BOX 11037 MURFREESBORO, TN 37129 <input type="checkbox"/> Delete		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"/> Delete		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 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: 			Date 1/23/06		