

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90147 008 ***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
---	---

40090670



2. Principal Place of Business - No P.O. Box # 451 Spanish Wells Ct	3. Mailing Address 451 Spanish Wells Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082007 Chg-P CR2E034 (12/06)

City & State Winter Garden, FL	City & State Winter Garden, FL
Zip 34787	Country
Country	Zip 34787
Country	Country

4. FEI Number 20-0560531	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT PARKER, SHELBY 4875 CASON COVE DR ORLANDO, FL 32811 <input type="checkbox"/> Delete
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	S WRIGHT, RENEE 300 NW 1ST AVENUE WILLISTON, FL 32696 <input checked="" type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jacquelyn Ayers P.O. Box 11037 Murfreesboro, TN 37129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Shera Parker* **SHERA PARKER** 2/8/07 407-420-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #