

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 06 1996 8:00 am
Secretary of State

DOCUMENT # V29804

(4)

1. Corporation Name

BEACH-BAY HEALTH STAR, INC.

Principal Place of Business

TWO MIRACLE STRIP LOOP
SUITE 1
PANAMA CITY BEACH FL 32407

Mailing Address

TWO MIRACLE STRIP LOOP
SUITE 1
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

GRUVER, MICHAEL L
434 MAGNOLIA AVE
PANAMA CITY FL 32402-1365

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/20/1992

3a. Date of Last Report

04/28/1995

4. FET Number

59-3117632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 609.02 and 609.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 609.03, Florida Statutes.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

SIGNATURE OF AGENT FOR SERVICE OF PROCESS

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

ASST TO ADM / SECT,
SANDRA GAIL PROVINCE
1516 GEORGIA AVE
LYNN HAVEN, FLA. 32444

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

☐ Change ☐ Addition

SIGNATURE: *Victoria Bellinger* VICTORIA BELLINGER 022796 904-23354321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)