

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000077143

**Entity Name:** THE HEALTH CENTER OF PLANT CITY, INC.

**Current Principal Place of Business:**

1348 SEA HORSE CT  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

1348 SEA HORSE CT  
PUNTA GORDA, FL 33950

**FEI Number: 59-3664426**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEYER, FRANK SJR  
1348 SEA HORSE CT  
PUNTA GORDA, FL 33950 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

**Officer/Director Detail :**

Title            DPT  
Name            WEYER, FRANK SJR  
Address        1348 SEA HORSE CT  
City-State-Zip: PUNTA GORDA FL 33950

*I hereby 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 all other like empowered.*

**SIGNATURE: FRANK S WEYER, JR**

**DIRECTOR**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date