

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077165

Entity Name: THE HEALTH CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

3547 BETTY FORD ROAD
DRIVEWAY #2
MURFREESBORO, TN 37130

Current Mailing Address:

P O BOX 11037
MURFREESBORO, TN 37129

FEI Number: 59-3664432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 STRAWN, STEVE
Address 52 RILEY ROAD, #381
City-State-Zip: CELEBRATION FL 34747

Title S
Name AYERS, JACQUELYN
Address P O BOX 11037
City-State-Zip: MURFREESBORO TN 37129

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: STEVE STRAWN _____

DPT

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date