

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079611

**FILED
Jan 25, 2013
Secretary of State
CC3316445881**

Entity Name: THE HEALTH CENTER OF BLUE WATER BAY, INC.

Current Principal Place of Business:

1500 N WHITE POINT RD
NICEVILLE, FL 32578

Current Mailing Address:

1500 N WHITE POINT RD
NICEVILLE, FL 32578

FEI Number: 59-3665845

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 P
Name STRAWN, STEVE
Address 52 RILEY ROAD #381
City-State-Zip: CELEBRATION FL 34747

Title S
Name WILSON, MARSHA
Address 1500 N WHITE POINT RD
City-State-Zip: NICEVILLE FL 32578

Title D
Name STRAWN, STEVE
Address 52 RILEY ROAD #381
City-State-Zip: CELEBRATION FL 34747

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: MARSHA WILSON

SECRETARY

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date