

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000079611

**FILED**  
**Jan 28, 2014**  
**Secretary of State**  
**CC6380008688**

**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**

**01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date