

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000079611

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

**Current Principal Place of Business:**

1784 W. NORTHFIELD BLVD. #347  
MURFREESBORO, TN 37129

**Current Mailing Address:**

1784 W NORTHFIELD BLVD  
#347  
MURFREESBORO, TN 37129 US

**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        1784 W NORTHFIELD BLVD  
                  #347  
City-State-Zip: MURFREESBORO TN 37129

Title            D  
Name            STRAWN, STEVE  
Address        1784 W NORTHFIELD BLVD  
                  #347  
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

**PRESIDENT**

**03/18/2019**

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

\_\_\_\_\_  
Date