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

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 1784 W NORTHFIELD BLVD

#347 MURFREESBORO, TN 37129 US

FEI Number: 59-3665845

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 **Officer/Director Detail :** Р Title Title D Name STRAWN, STEVE Name STRAWN, STEVE Address 1784 W NORTHFIELD BLVD Address 1784 W NORTHFIELD BLVD #347 #347 City-State-Zip: MURFREESBORO TN 37129 City-State-Zip: MURFREESBORO TN 37129

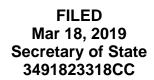
Certificate of Status Desired: No

Date

03/18/2019

Date

PRESIDENT



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