

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000035231

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC5630559726**

**Entity Name:** THE HEALTH CENTER INC.

**Current Principal Place of Business:**

2501 WEST HILLSBORO BLVD  
SUITE 107  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

2501 WEST HILLSBORO BLVD  
SUITE 107  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 90-0819584

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MINSKY, LEO R DR.  
2501 WEST HILLSBORO BLVD.  
SUITE 107  
DEERFIELD BEACH, FL 33442 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:** LEO R. MINSKY

03/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name WILLIAMS, DOROTHY L  
Address 2501 WEST HILLSBORO BLVD  
SUITE 107  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name MINSKY, LEO R  
Address 2501 WEST HILLSBORO BLVD  
SUITE 107  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** LEO R. MINSKY

**OWNER**

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date