


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000079609
1. Entity Name
THE HEALTH CENTER OF PALATKA, INC.



Principal Place of Business
110 KAY LARKIN DRIVE
PALATKA, FL 32177

Mailing Address
110 KAY LARKIN DRIVE
PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

8 F , , , , , 3 5 2 , 5 F &

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3665843

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FCC IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STRAWN, STEVE
STREET ADDRESS 3547 BETTY FORD ROAD
CITY-ST-ZIP MURFREESBORO, TN 37130

TITLE PT
NAME FREEMAN, PATRICIA T
STREET ADDRESS 4487 GOLF RIDGE DRIVE
CITY-ST-ZIP ELKTON, FL 32033

TITLE S
NAME MOTES, LESLIE H
STREET ADDRESS 132 LISA LANE
CITY-ST-ZIP PALATKA, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000118475
04/19/04-80061-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Freeman* PATRICIA FREEMAN, President, 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (386) 325-0173