


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
59-3665843 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

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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!!! FEE IS \$150.00
After May 1, 2006 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	910 SPRING PARK ST #303
CITY-ST-ZIP	CELEBRATION, FL 34747
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 
Patricia T. Freeman, President (386) 325-0172