


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000007160
 1. Entity Name
SEMINOLE HEALTH CLUB OF BROWARD, INC.



Principal Place of Business 3800 SW 142ND AVE. DAVIE, FL 33328	Mailing Address 3800 SW 142ND AVE. DAVIE, FL 33328
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0781470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ADAMS, JOHN
 8661 NW 24TH ST.
 SUNRISE, FL 33322

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

FILE NOW!!! FEE 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

000000125946
 04/23/04-80014-009 150.00

10. OFFICERS AND DIRECTORS	
DODCU MENU TDJUD#EAATT dTD TD	PD YOUNGMAN, CHARLES 3800 SW 142ND AVE. DAVIE, FL 33328
DODCU MENU TDJUD#EAATT dTD TD	VD YOUNGMAN, JANICE 3800 SW 142ND AVE. DAVIE, FL 33328
DODCU MENU TDJUD#EAATT dTD TD	D ADAMS, JOHN 8661 NW 24TH ST. SUNRISE, FL 33322
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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:  **7/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #