

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 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



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0781470 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGMAN, CHARLES 3800 SW 142ND AVE. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNGMAN, JANICE 3800 SW 142ND AVE. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Youngman Date: Jan 24, 2006 Daytime Phone #: 954-473-0231