# 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

PRESIDENT

SIGNATURE: PHILIP MADSEN

Electronic Signature of Signing Officer/Director Detail

# **2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000076607

Entity Name: NORTH STAR FITNESS CENTERS, INC.

#### **Current Principal Place of Business:**

3761 SOUTH NOVA ROAD SUITE E PORT ORANGE, FL 32129

## **Current Mailing Address:**

653 BELLA VISTA EDGEWATER, FL 32141 US

## FEI Number: 46-3698318

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

MADSEN, PHILIP D 653 BELLA VISTA EDGEWATER, FL 32141 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	DP	Title	DST
Name	MADSEN, PHILIP D	Name	MADSEN, DIANE M
Address	653 BELLA VISTA	Address	653 BELLA VISTA
City-State-Zip:	EDGEWATER FL 32141	City-State-Zip:	EDGEWATER FL 32141

above, or on an attachment with all other like empowered.

01/20/2020

FILED Jan 20, 2020 Secretary of State 6415498360CC

Date

Date