

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000076607

**Entity Name:** NORTH STAR FITNESS CENTERS, INC.

**Current Principal Place of Business:**

653 BELLA VISTA  
EDGEWATER, FL 32141

**Current Mailing Address:**

653 BELLA VISTA  
EDGEWATER, FL 32141 US

**FEI Number:** 46-3698318

**Certificate of Status Desired:** No

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

MADSEN, PHILIP D  
653 BELLA VISTA  
EDGEWATER, FL 32141 US

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

**SIGNATURE:** DIANE MADSEN

**DIRECTOR**

**01/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date