#### 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

2022 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 |  |
|                 |                    |                 |                    |  |

| DIANE MADSEN  | DST |  |
|---|-----|--|
| Electronic Signature of Signing Officer/Director Detail |     |  |

# FILED Jan 25, 2022 Secretary of State 1914416986CC

Date