

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000028611

**Entity Name:** ATHLETE'S CHOICE FITNESS CENTER, INC.

**Current Principal Place of Business:**

12425 N MAIN ST  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

11353 EMUNESS RD.  
JACKSONVILLE, FL 32218

**FEI Number: 59-3306138**

**Certificate of Status Desired: No**

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

DOEHNE, LON S  
14333 BONEY ROAD  
JACKSONVILLE, FL 32226 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 S  
Name MUSIC, ALFREDINE  
Address 1228 GLEN DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name BEVILL, TIFANY EVAN  
Address 15353 YELLOW BLUFF ROAD  
City-State-Zip: JACKSONVILLE FL 32226

Title C  
Name MUSIC, TROY  
Address 1228 GLEN DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title MD  
Name HARMAN, KIRSTEN  
Address 14238 BONEY ROAD  
City-State-Zip: JACKSONVILLE FL 32226

Title P  
Name OTTO, BRENDA G  
Address 11353 EMUNESS RD  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name OTTO, SCOTT W  
Address 11353 EMUNESS ROAD  
City-State-Zip: JACKSONVILLE FL 32218

*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: BRENDA OTTO**

**PRES**

**02/26/2014**

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

\_\_\_\_\_  
Date