

2017 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 G OTTO

P

01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date