2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# 571666

Entity Name: GAINESVILLE HEALTH AND FITNESS CENTER, INC.

Current Principal Place of Business:

4820 NEWBERRY ROAD
GAINSVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

5200 NEWBERRY ROAD
SUITE D-9
GAINESVILLE, FL 32607 US

New Mailing Address:

4035 NW 43RD STREET
GAINESVILLE, FL 32606 US

FEI Number: 59-1822677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIRULLI, JOSEPH D.
4019 N.W. 23RD CIRCLE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CIRULLI, JOSEPH D,
Address: 4019 N.W. 23RD CIRCLE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH D CIRULLI PD 03/09/2007

Electronic Signature of Signing Officer or Director Date