

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000004914 (8)

1. Corporation Name  
MEN'S HEALTH CENTERS, INC.

Principal Place of Business

SUITE 105-N  
7280 W. PALMETTO PARK ROAD  
BOCA RATON FL 33433

Mailing Address

SUITE 105-N  
7280 W. PALMETTO PARK ROAD  
BOCA RATON FL 33433-3422



3. Date Incorporated or Qualified  
11/01/1993

3a. Date of Last Report  
08/26/1996

4. FEI Number

04-3204991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ROTH, JOELLD L  
SUITE 1200  
301 YAMATO ROAD  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOEPEL, SETH	
STREET ADDRESS	370 S.E. MIZNER BLVD., #1810	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDEN, WILLIAM	
STREET ADDRESS	881 COMMONWEALTH AVENUE, #540	
CITY - ST - ZIP	BOSTON MA 02215	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PULLIAM, MARK	
STREET ADDRESS	907 COLONEL ANDERSON PKWY.	
CITY - ST - ZIP	LOUISVILLE KY 40222	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRANE, ROBERT I	
STREET ADDRESS	28 DARTMOUTH STREET	
CITY - ST - ZIP	WEST NEWTON MA 02185	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DIERUF, THOMAS	
STREET ADDRESS	11806 E. ARBOR DRIVE	
CITY - ST - ZIP	LOUISVILLE KY 40223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Dieruf

4/29/97

(502) 845-6623

CR2E034 (9/96)