

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

FILED
Sep 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 04-3204991	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Seth Koepfel			
				82 Street Address (P.O. Box Number is Not Acceptable) 7280 W. Palmetto Park Rd.			
				83 Suite # 105			
				84 City Boca Raton FL 85 Zip Code 33433			

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 **Seth Koepfel** (SETH KOEPFEL) **7/9/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KOEPEL, SETH		1.2 NAME	James A. Patterson II			
STREET ADDRESS	370 S.E. MIZNER BLVD., #1610		1.3 STREET ADDRESS	10000 Shelbyville Rd			
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	Louisville, Ky 40223			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GOLDEN, WILLIAM		2.2 NAME	John S. Douds			
STREET ADDRESS	881 COMMONWEALTH AVENUE, #540		2.3 STREET ADDRESS	10000 Shelbyville Rd			
CITY-ST-ZIP	BOSTON MA 02215		2.4 CITY-ST-ZIP	Louisville, Ky 40223			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PULLIAM, MARK		3.2 NAME				
STREET ADDRESS	907 COLONEL ANDERSON PKWY.		3.3 STREET ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40222		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KRANE, ROBERT I		4.2 NAME				
STREET ADDRESS	26 DARTMOUTH STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	WEST NEWTON MA 02165		4.4 CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIERUF, THOMAS		5.2 NAME				
STREET ADDRESS	11806 E. ARBOR DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40223		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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]** 7/6/98 502-245-6133

CR2E034 (10/97)