

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004914

1. Entity Name

MEN'S HEALTH CENTERS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90090 047 \*\*\*150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3204991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOEPEL, SETH  
7280 W PALMETTO PARK RD  
SUITE #105  
BOCA RATON FL 33433

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME KOEPEL, SETH  
STREET ADDRESS 370 S.E. MIZNER BLVD., #1610  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PATTERSON, JAMES A II  
STREET ADDRESS 10000 SHELBYVILLE RD  
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME DOUDS, JOHN S  
STREET ADDRESS 10000 SHELBYVILLE RD  
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME DIERUF, THOMAS  
STREET ADDRESS 11806 E-ARBOR DRIVE  
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

382-245-6623

Daytime Phone #