

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71107

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** STAYIN' ALIVE FITNESS CENTERS, INC.

**Current Principal Place of Business:**

6185 JOG RD  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

6185 JOG RD  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 59-2571244      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUBSCHER, DONNA A DPTS  
6185 JOG RD  
LAKE WORTH, FL 33467 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: HUBSCHER, DONNA A DPTS  
Address: 8005 PELICAN HARBOUR DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 US

**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 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: DONNA A HUBSCHER

DPTS

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date