Surie, Apt. F. etc.  Surie, Apt. F. etc.  Surie, Apt. F. etc.  Surie, Apt. F. etc.  Cry & State  Country	LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		SECRETARY OF STATE OUVISION OF CORPORATIONS			
HBALTHPARK FLORIDA FITNESS CENTER, L.C.  9800 HEALTHPARK CIRCLE SUITE 208 FORT MYERS FL 33908  QA BR FORT MYERS FL 33908  2a. Maining address  2a. Maining address  2b. Maining address  2a. Maining address  2b. Maining address  2c. Maining a	\$ 188. 1. Name a	75 Make Check Payable and Mailing Address	e To: FLOR	IDA DEPARTM	ENT OF STATE		io ani	U: 37	
Surie, Apt. F, etc.  Surie, Apt. F, etc.  Surie Apt. F, etc.  Surie Apt. F, etc.  Cry & State  DODSON, DOUGLAS A 9800 HEALTHPARK CIRCLE SUITE 208  FORT MYERS FL 33908  Similar Apt. F etc.  Cry FL  Zup Code  Similar Apt. F etc.  Cry FL  Zup Code  Cry Cry FL  Cry	I G	HEALTHPARK FLORII 9800 HEALTHPARK ( SUITE 208	DA FITM CIRCLE	IESS CENTI	ER, L.C.	9800 HE SUITE 2	ALTHPA 08	RK CI	
Suite, Apt. #, etc.  City & State  City & State Address  City State and Zip Code  MGRM TBG DEVELOPMENT, LLC  226 S. MERAMEC, SUITE 200  ST. LOUIS MO 6316  MGRM WELLNESS VENTURES, INC 9800 SOUTH HEALTH PARK DR. FORT MYERS FL  City City City City City City City City	2 Principa	Principal Place of Business 2a. Mailir			ng Address				
City & State  City & State  City & State  City & State  Country  Country  Solid of Last Report  6. Conflicate of Status  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  DODSON, DOUGLAS A  9800 HEALTHPARK CIRCLE  Street Address (P.O. Box Number is Not Acceptable)  Street Addres	Suite, Apt. #, etc. Suite, Apt			. #, etc.		1		T	
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  DODSON, DOUGLAS A  9800 HEALTHPARK CIRCLE  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  FL  Zip Co	City & State City		City & St	State		I .	65-0834629 Applied Fo		Applied For  Not Applicable
Name 9800 HEALTHPARK CIRCLE SUITE 208 FORT MYERS FL 33308  8. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-mamed limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members Thereby accept the appears registered agent, and accept the obligations  SIGNATURE  Managing Members/Managers  Business Street Address  City, State and Zip Code  MGRM TBG DEVELOPMENT, LLC  226 S. MERAMEC, SUITE 200  ST. LOUIS MO 6310  MGRM WELLNESS VENTURES, INC  9800 SOUTH HEALTH PARK DR. FORT MYERS FL  PORTURES FL  STORICLE  Street Address  City, State and Zip Code  MGRM TBG DEVELOPMENT, LLC  9800 SOUTH HEALTH PARK DR. FORT MYERS FL  STORICLES IS STREET  -03/26/9301009- *****188.75 *****1	Zıp	Country	Žip	Co	Duntry				cate of Status Desired
MGRM TBG DEVELOPMENT, LLC 226 S. MERAMEC, SUITE 200 ST. LOUIS MO 6310  MGRM WELLNESS VENTURES, INC 9800 SOUTH HEALTH PARK DR. FORT MYERS FL  -03/26/9301009- *****188.75 *****  11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(ii), Florida Statutes.	its registere as register	ed office or registered agent, or both, in red agent, and accept the obligations.	the State of Flo	irida Such change wa	e above-named limite as authorized by affirm	ed liability company su native vote of a majority	bmits this state of the membe	ement for th	ne purpose of changing accept the appointmen
MGRM WELLNESS VENTURES, INC 9800 SOUTH HEALTH PARK DRI FORT MYERS FL  20002819232 -03/26/9301003- ****188.75 *****  11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	10. Title	Managing Members/Manag	Bu	Business Street Address			City, State and Zip Code		
11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the inf		- · · · · · · · · · · · · · · · · · · ·	,			3020			
						200002819232 -03/26/9301009014 ****188.75 ****188.7			
indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or managiminited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10 attachment with an address.  SIGNATURE:	indicated or limited liabi	n this annual report is true and accural ility company or the receiver or trustee t with an address.	te and that my:	signature shall have t	the same legal effect a	as if made under oath,	that I am a ma	naging men	mber or manager of the