2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000626

1. Entity Name
HEALTHPARK FLORIDA FITNESS CENTER, L.C.

FILED
00 JAN 28 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9800 HEALTHPARK CIRCLE SUITE 208 FORT MYERS FL 33908	9800 HEALTHPARK CIRCLE SUITE 208 FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9800 S. HealthPark Drive		9800 S. HealthPark Drive	
Suite, Apt. #, etc.: Suite # 405		Suite, Apt. #, etc.: Suite # 405	
City & State: Fort Myers, Florida		City & State: Fort Myers, Florida	
Zip: 33908	Country: USA	Zip: 33908	Country: USA

4. FEI Number 65-0834629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DODSON, DOUGLAS A
9800 HEALTHPARK CIRCLE
SUITE 405
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name: DOUGLAS A. DODSON
Street Address (P.O. Box Number is Not Acceptable): 9800 S. HealthPark Drive STE # 405
City: FORT MYERS FL Zip Code 33908

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1/21/00 DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TBG DEVELOPMENT, LLC 226 S. MERAMEC, SUITE 200 ST. LOUIS MO 63105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003121596--9 -02/02/00--01104--024 *****50.00 *****50.00	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WELLNESS VENTURES, INC. 9800 SOUTH HEALTH PARK DRIVE, SUITE 208 FORT MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEE F. P. INC. 9800 S. HealthPark Drive, Suite 405 FORT MYERS, FL. 33908	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

11. 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 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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] SIGNATURE REQUIRED 1/21/00 941 936-1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #