

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005886

FILED
May 01, 2007
Secretary of State

Entity Name: HEALTH MASTERS CLUB, INC.

Current Principal Place of Business:

5318 HILLSIDE DRIVE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

522 HUNT CLUB BLVD
PMB 153
APOPKA, FL 32703

New Mailing Address:

FEI Number: 31-1824758 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOODY, TONI MD
5318 HILLSIDE DRIVE
ORLANDO, FL 32810 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOODY, TONI MD
Address: 5318 HILLSIDE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete
Name: COOPER, LISA M.D.
Address: 7019 GARDENS WALK
City-St-Zip: COLUMBIA, MD 21044

Title: D (X) Delete
Name: NOWELL, TERLYN CPA
Address: 13206 ADMIRAL AVE, UNIT L
City-St-Zip: MARINA DEL RAY, CA 90292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI MOODY

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date