

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005886

**FILED**  
**Aug 29, 2011**  
**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 ( )**

**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  
**Name:** MOODY, TONI MD  
**Address:** 5318 HILLSIDE DRIVE  
**City-St-Zip:** ORLANDO, FL 32810

I hereby 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 all other like empowered.

**SIGNATURE:** TONI C MOODY

CEO

08/29/2011

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

\_\_\_\_\_  
Date