2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# P01000035126

Entity Name: CHARLOTTE HEALTH & FITNESS CENTER, INC.

Current Principal Place of Business:

2400 HARBOR BLVD STE 15
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

103 W. MARION AVE
PUNTA GORDA, FL 33950

Current Mailing Address:

2400 HABOR BLVD
SUITE 14
PORT CHARLOTTE, FL 33952

New Mailing Address:

103 W. MARION AVE
PUNTA GORDA, FL 33950

FEI Number: 65-1093375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IDEWU, OLAWALE
2400 HARBOR BLVD
SUITE 14
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

IDEWU, OLAWALE O M.D.
103 W. MARION AVENUE
PUNTA GORDA, FL 33950 US

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: OLAWALE O. IDEWU, M.D. 07/07/2009
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: PD ( ) Delete
Name: IDEWU, OLAWALE
Address: 3250 LOVELAND BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IDEWU, OLAWALE O M.D.
Address: 103 W. MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

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: OLAWALE O. IDEWU, M.D. M.D. 07/07/2009
Electronic Signature of Signing Officer or Director Date