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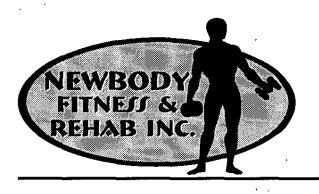
## 2003 FOR PROFIT CORPORATION

## Sep 04, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT/UBR P01000114968 DOCUMENT # 09-04-2003 90062 035 \*\*\*150.00 1. Entity Name NEW BODY FITNESS & REHAB, INC. Principal Place of Business Mailing Address 2415 - 19TH STREET E. 2415 - 19TH STREET E. **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number NOT APPLICABLE Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, BOBBY G Street Address (P.O. Box Number is Not Acceptable) 2415 - 19TH STREET E. **BRADENTON FL 34208** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution: Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES ☐ Addition CR2E034 (4/03) TITLE TITLE ☐ Delete WILLIAMS, BOBBY G PRES. NAME NAME 2415 19 STREET EAST STREET ADDRESS STREET ADDRESS BRADENTON . FL 34208 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment

Date



## Affachment 80143566 P01000114968

2415 19th Street East Bradenton, FL 34208 (941) 807-0174

Hello, My Flore is Bally Williams I am the Kosident I Newbody Fitness & Ruhab. In Whitting to imform You That I did not fecien a Prin Motice To Renew my Busines Jicense. If so I Would Here Proply Tation Care of my Business. 1 ook That You Please Jergin Me. I have a check for The Pier Omount. If There one any guestions Please call me at (941)807-0174 on White To Me at 2415 195t East Brodentin Fl. 34208. Thank you.