

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000007160**

1. Entity Name  
**SEMINOLE HEALTH CLUB OF BROWARD, INC.**



Principal Place of Business  
**3800 SW 142ND AVE.  
DAVIE, FL 33328**

Mailing Address  
**3800 SW 142ND AVE.  
DAVIE, FL 33328**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0781470**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ADAMS, JOHN  
8661 NW 24TH ST.  
SUNRISE, FL 33322**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000125946  
04/23/04-80014-009 150.00

**10. OFFICERS AND DIRECTORS**

DODCU  
MENU  
TDJUD#EAATT  
d0 tTD00  
PD  
YOUNGMAN, CHARLES  
3800 SW 142ND AVE.  
DAVIE, FL 33328

DODCU  
MENU  
TDJUD#EAATT  
d0 tTD00  
VD  
YOUNGMAN, JANICE  
3800 SW 142ND AVE.  
DAVIE, FL 33328

DODCU  
MENU  
TDJUD#EAATT  
d0 tTD00  
D  
ADAMS, JOHN  
8661 NW 24TH ST.  
SUNRISE, FL 33322

DODCU  
MENU  
TDJUD#EAATT  
d0 tTD00

DODCU  
MENU  
TDJUD#EAATT  
d0 tTD00

DODCU  
MENU  
TDJUD#EAATT  
d0 tTD00

**DO NOT WRITE  
IN THIS SPACE**

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 or 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #