


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000007160 1. Entity Name SEMINOLE HEALTH CLUB OF BROWARD, INC.	
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Principal Place of Business 3800 SW 142ND AVE. DAVIE, FL 33328	Mailing Address 3800 SW 142ND AVE. DAVIE, FL 33328
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03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0781470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGMAN, CHARLES 3800 SW 142ND AVE. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNGMAN, JANICE 3800 SW 142ND AVE. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHN 8661 NW 24TH ST. SUNRISE, FL 33322
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03/30/05-80009-015 150.00

**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: JANICE YOUNGMAN, SECRETARY MAR 25, 2005 954-473-0231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #