

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90030 044 ***150.00

DOCUMENT # P02000085487

1. Entity Name
FIT AMERICA MD, INC.



Principal Place of Business
401 FAIRWAY DR STE 100
DEERFIELD BCH, FL 33441

Mailing Address
401 FAIRWAY DR STE 100
DEERFIELD BCH, FL 33441

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0104836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, DEBI
401 FAIRWAY DR STE 200
DEERFIELD BCH, FL 33441

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME DAVIS, DEBI
STREET ADDRESS 401 FAIRWAY DR., STE 100
CITY-ST-ZIP DEERFIELD BCH, FL 33441

TITLE D
NAME DAVIS, BYRON
STREET ADDRESS 401 FAIRWAY DRIVE, STE 100
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debi Davis
4/14/04

954-570-3211