

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90076 038 ***150.00

DOCUMENT # P02000085487

1. Entity Name
FIT AMERICA MD, INC.



Principal Place of Business

**401 FAIRWAY DR STE 200 100
DEERFIELD BCH FL 33441**

Mailing Address

**401 FAIRWAY DR STE 200 100
DEERFIELD BCH FL 33441**

2. Principal Place of Business

**401 Fairway Dr
Suite, Apt. #, etc.
#100**

3. Mailing Address

**401 Fairway Dr.
Suite, Apt. #, etc.
#100**

City & State
Deerfield Bch, FL

Zip Country
33441

City & State
Deerfield Bch, FL

Zip Country
33441

4. FEI Number
30-0104836

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DAVIS, DEBI**
STREET ADDRESS **401 FAIRWAY DR STE 200 100**
CITY-ST-ZIP **DEERFIELD BCH FL 33441**

TITLE **D** ☐ Delete
NAME **Davis, Byron**
STREET ADDRESS **401 Fairway Drive, STE 100**
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Stella Spino**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03 954-570-3211

CR2E034 (10/02)