

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90643 045 \*\*\*150.00

**DOCUMENT # P02000090629**

1. Entity Name

TOTAL HEALTH & BODY CONCEPTS, INC.



Principal Place of Business

3200 SOUTH ANDREWS AVENUE  
SUITE 105  
FORT LAUDERDALE FL 33316

Mailing Address

3200 SOUTH ANDREWS AVENUE  
SUITE 105  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

P.O. Box 5312  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5312  
Suite, Apt. #, etc.

City & State

Key West, FL  
Zip 33045 Country USA

City & State

Key West, FL  
Zip 33045 Country USA

4. FEI Number

79-3059741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KAUFMAN, BETH W  
3200 SOUTH ANDREWS AVENUE  
SUITE 105  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name Beth W. Kaufman  
Street Address (P.O. Box Number is Not Acceptable)  
3910 S. Roosevelt Blvd  
#109W  
City Key West FL Zip Code 33040

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**

**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 PSD ☐ Delete  
NAME KAUFMAN, BETH W  
STREET ADDRESS 3200 SOUTH ANDREWS AVENUE #105  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VTD ☒ Delete  
NAME KAUFMAN, RICHARD R  
STREET ADDRESS 3200 SOUTH ANDREWS AVENUE #105  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Beth Kaufman, Pres 4/5/2004 854-868-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #