

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082696

FILED
Sep 08, 2004
Secretary of State

Entity Name: THE EDGE HEALTH CLUB, INC

Current Principal Place of Business:

11872 NW 9 ST
CORAL SPRINGS, FL 33071

New Principal Place of Business:

4661 JOHNSON RD
COCONUT CREEK, FL 33073 US

Current Mailing Address:

11872 NW 9 ST
CORAL SPRINGS, FL 33071

New Mailing Address:

4240 GALT OCEAN DR
905
FORT LAUDERDALE, FL 33308 US

FEI Number: 65-1012712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, GARY
11872 NW 9 ST
CORAL SPRINGS, FL 33071

Name and Address of New Registered Agent:

ROBERTS, GARY
4240 GALT OCEAN DR
905
FORT LAUDERDALE, FL 33308 US

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.

SIGNATURE: GARY ROBERTS

09/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, GARY
Address: 11872 NW 9 ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V () Delete
Name: ROBERTS, PAMELA
Address: 11872 NW 9 ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: BINGER, MICHAEL
Address: 6437 NW 108
City-St-Zip: PARKLAND, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, GARY
Address: 4240 GALT OCEAN DR #905
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: V (X) Change () Addition
Name: ROBERTS, PAMELA
Address: 4240 GALT OCEAN DR #905
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ROBERTS

P

09/08/2004

Electronic Signature of Signing Officer or Director

Date