

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151898

FILED  
Jul 29, 2005  
Secretary of State

Entity Name: DOC'S FITNESS CENTER, INC.

## Current Principal Place of Business:

10000 W SAMPLE ROAD  
CORAL SPRNGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

10000 W SAMPLE ROAD  
CORAL SPRNGS, FL 33065

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRASNA, GARY M  
3010 N MILITARY TRAIL SUITE 210  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

GUTIERREZ, GIL F M.D.  
10000 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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: GIL F. GUTIERREZ, M.D.

07/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GUTIERREZ, GIL  
Address: 10000 W SAMPLE ROAD  
City-St-Zip: CORAL SPRNGS, FL 33065

Title: DS ( ) Delete  
Name: FAXAS, TERESA  
Address: 10000 W SAMPLE ROAD  
City-St-Zip: CORAL SPRNGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GUTIERREZ, GIL F M.D.  
Address: 10000 W SAMPLE ROAD  
City-St-Zip: CORAL SPRNGS, FL 33065 US

Title: DS (X) Change ( ) Addition  
Name: FAXAS, TERESA A M.D.  
Address: 10000 W SAMPLE ROAD  
City-St-Zip: CORAL SPRNGS, FL 33065 US

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: GIL F GUTIERREZ,M.D.

DP

07/29/2005

Electronic Signature of Signing Officer or Director

Date