

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000106993

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN YEARS HEALTH CLUB, INC.

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL  
704  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4161 TAMIAMI TRAIL  
704  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-3236472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINDSEY, BETH  
4161 TAMIAMI TRAIL SUITE 704  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LINDSEY, BETH  
Address: 2864 OCEANSIDE STREET  
City-St-Zip: NORTHPORT, FL 34286

Title: T  
Name: LINDSEY, BETH  
Address: 2864 OCEANSIDE STREET  
City-St-Zip: NORTHPORT, FL 34286

I hereby 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 all other like empowered.

SIGNATURE: BETH LINDSEY

OFFI

03/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date