

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000061941

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ALLEGIANCE HEALTH & FITNESS INC.

**Current Principal Place of Business:**

1913 NE 14TH STREET  
SUITE 101  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

9390 NE 16TH TER  
ANTHONY, FL 32617

**New Mailing Address:**

**FEI Number:** 27-3303727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHURCHILL, CHRISTAL A  
1913 NE 14TH ST  
SUITE 101  
OCALA, FL 34470 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: VP  
Name: CHURCHILL, ALEXANDER W  
Address: 9390 NE 16TH TER  
City-St-Zip: ANTHONY, FL 32617

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: CHRISTAL CHURCHILL

PRES

04/26/2011

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

\_\_\_\_\_  
Date