

FROM :

FAX NO. : 0130720979

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-04-2005 90118 043 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # PB2000014426		
1. Entity Name ORIENTAL HEALTH CLUBS, INC.		
Principal Place of Business 29155 US HWY 19 NORTH CLEARWATER, FL 34621		Mailing Address 29155 US HWY 19 N CLEARWATER, FL 34621 US
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent WELLS, YONG A. 29155 US HWY 19 NORTH CLEARWATER, FL 34621		DO NOT WRITE IN THIS SPACE
3. 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 _____		DATE _____
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$450.00		4. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE	PD WELLS, YONG A. 29155 US HWY 19 N CLEARWATER, FL 34621	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(b), 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 information.		
SIGNATURE: _____		6/10/05 DATE

66023237

04232005 NC Cng-P CR25054 (10/05)

 4. FEI Number
59-3181454

 Applied For
 Not Applicable

 5. Certificate of State Deed ☐ **\$8.75** Additional
 Fee Required

**DO NOT WRITE
IN THIS SPACE**
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