

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000014695

Entity Name: AMA FITNESS CENTER, INC.

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

## **Current Principal Place of Business:**

28829 US HWY 19 N  
BLD 1 SUITE 8  
CLEARWATER, FL 33761 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

28829 US HWY 19 N  
BLD 1 SUITE 8  
CLEARWATER, FL 33761 US

## **New Mailing Address:**

FEI Number: 59-3309271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOKOR, BRUCE  
911 CHESTNUT STREET  
CLEARWATER, FL 34616 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: ST  
Name: DRUCKER, JEFFREY A  
Address: 28829 US HWY 19 N BLDG 1 STE 8  
City-St-Zip: CLEARWATER, FL 33761

Title: P  
Name: ALTAMURA, JOSEPH  
Address: 28829 US HWY 19 N, BLDG 1, SUITE 8  
City-St-Zip: CLEARWATER, FL 33761

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: JOSEPH ALTAMURA

PRES

01/06/2011

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

\_\_\_\_\_  
Date