## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022091 (9)

NATIONAL CENTER FOR MEN'S HEALTH, INC.

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224   ADOTH UNIVERSITY OR SUITE 8   PEMBROKE PINES FL 33024   PEMBRO	Principal Place of Business Maillion Address									f 1896(1880 FIFE ABLER ORLIGE BÖNLE BOLLE BOLLE)	rifa ijoha ikali	. OPHE H	1   1   1   1   1   1   1   1   1   1	
SUITE 6 PENBROKE PINES FL 3024 PENBROKE PINES	•				•									
## Principal Place of Business   2a. Mailing Address   2b. Mailing		i OMFERSII I	yn.											
Applied For	PEMBROKE	PINES FL 33	024	P					- (	DO NOT WRITE IN THIS SPACE				
## FEI Number   Applied For									3	•		•		
Sulle, Apt. 4, 8to.	2. Principal F	Place of Busi	ness	2a.	Mailing Address	·· •			4			A	onlied For	
Suite, Apt. 8; etc.  22   27   27   27   27   28   27   29   29   29   29   29   29   29				26	<del>-</del>					65-0568272		<del></del>	·	
27		. #, etc.							_+		s \$1			
City & State     City & State   City & State   City & State     City & State   City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & Sta	22			27	27				6	5. Certificate of Status Desired				
20										Election Campaign Financing	\$	5.00	May Be	
28	23				28				-   -	Trust Fund Contribution	, ,			
Name and Address of Current Registered Agent   St.	Zip	Country			Zip Country				8	. This corporation owes or has paid th	e current y	ear Int	tangible	
COLEMAN, IRA J MCDERAOTT WILL & EMERY 201 S. BISCAYNE BLVD., STE. 2200 MIAMI FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida's Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida's Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligation's as registered agent, and accept the obligation's as acceptable experience agent developed by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation's as acceptable experience agent developed accept the appointment as registered agent, and accept the obligation's accept the appointment agent and accept the corporation's board of directors. I hereby accept the appointment as registered agent, and a	24		11			30				Personal Property Tax due June 30.	☐ Ye	s [	⊒ No	
MCDERAIOTT WILL & EMERY 201 S. BISCAYNE BLVD., STE. 2200 MIAMI FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent, or both, in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent and rein accept the obligations of Sections 607.0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent and rein accept the obligations of Sections 607.0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent and rein accept the obligations of Sections 607.0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent and rein accept the obligations of Sections 607.055, Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent and rein accept the obligations of Sections 607.055, Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent and rein accept the obligations of Sections 607.055, Florida Statutes, the above named corporation's board of directors. I hereby accept the apprintment as registered agent and rein accept the obligations of Sections 607.055, Florida Statutes, the accept the obligations of Sections 607.055, Florida Statutes, the accept the obligations of Sections 607.055, Florida Statutes, the accept the obligations of Sections 607.055, Florida Statutes, the accept the obligations of Sections 607.055, Florida Statutes, the accept the obligations of Sections 607.055, Florida Statutes, the accept the obligations of Sections 607.055, Florida Statutes,		e, Name	and Address of C	urrent Regis	tered Agent				10	). Name and Address of New Registe	ered Agen	t		
201 S. BISCAYNE BLVD., STE. 2200 MIAMI FL 33131  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the purpose of pagent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12.	CO	Oleman, II	RA J				81	Name						
201 S. BISCAYNE BLVD., STE. 200  MAMI FL 33131  84  City  FL 85  Zip Code  111. Pursuant to the provisions of Sections 607 6502 and 807.1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing all a registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11/12  11/12  11/12  11/12  11/13  241 N. UNIVERSITY DR., SUITE B  PEMBROKE PINES FL 33024  14(DIY-SI-2P)  PEMBROKE PINES FL 33024  15 TITLE  10  10  10  10  11  11  11  11  11  1	MO	COERMOT	WILL & EMERY		R2 Street A			Street Add	ress í	P.O. Box Number is Not Acceptable)				
Section   Sect	201 S. BISCAYNE BLVD., STE. 220							01.0017100						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE    12.	MIAMI FL 33131						83				·			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE    12.							94	City				T 7:-	Codo	
SIGNATURE   TITLE							54	City			FL   °°	] Zip	Code	
SIGNATURE   TITLE	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t							-named corr	orati	on submits this statement for the purpo	ose of char	iging it	s registered	
SIGNATURE   TITLE	office or i	regi <b>ste</b> red aç am <b>fam</b> iliar w	gent, or both, in the ith, and accept the	State of Florid obligations of	la. Such change was . Section 607.05 <b>0</b> 5. Fi	authorized Iorida Stat	d by utes	the corpora	tion's	board of directors. I hereby accept the	e appointm	ent as	registered	
Signature, byted or printed among of registroid gent and the if applicable   NOTE Requisites required when reinstating)   DATE	_		,	<b>g</b>			•							
TITLE	SIGNATURE	Signature, typed	or printed name of registe	elst bna trega ber	if applicable (NO	TE Registered	d Age	nt signature requi	red whe	en reinstaling) Da	ATE			
NAME   SHERMAN, ROBERT   12 NAME   2241 N. UNIVERSITY DR., SUITE B   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP					DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOR		
STREET ADDRESS   2241 N. UNIVERSITY DR., SUITE B   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	TITLE				DELETE			1.1 TITLE				hange	Addition	
CITY-ST-ZIP								1.2 NAME						
TITLE					EB . 1.3			1.3 STREET ADDRESS						
NAME   WEITZENFELD, MARK   22 NAME   224 1 N. UNIVERSITY DR., SUITE B   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   PEMBROKE PINES FL 33024   2.4 CITY-ST-ZIP	0771 07 511							1.4 City-St-Zip						
STREET ADDRESS   2241 N. UNIVERSITY DR., SUITE B   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE	_			DELETE	2.1 Til	ΓLE					hange	Addition	
### CITY-ST-ZIP PEMBROKE PINES FL 33024	NAME							2.2 NAME						
TITLE					ſE Β			2.3 STREET ADDRESS						
NAME	CITY-ST-ZIP PEMBROKE PINES FL 33024					2. 4 C	2. 4 CITY - ST - ZIP							
STREET ADDRESS   2241 N. UNIVERSITY DR., SUITE B   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	D			DELETE	3.1 TII	ſLE					hange	Addition	
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TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         TITLE         Change         Addition           NAME         5.1 TITLE         Change         Addition	CITY-ST-ZIP PEMBROKE PINES FL 33024				3.4			3.4. C(1)Y-ST-Z(P					ŀ	
STREET ADDRESS   4.3 STREET ADDRESS     4.4 CITY-ST-ZIP	TITLE				DELETE	4.1 711	ξĒ				☐ C	hange	Addition	
A 4 CITY - ST - ZIP	NAME					4. 2 N	AME	Ì						
A 4 CITY - ST - ZIP	STREET ADDRESS	[				4.3 ST	REET /	address (						
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME	CITY-ST-ZIP					4.4 Cf	TY-ST	r-zip					i	
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STREET ADDRESS   6,3 \$TREET ADDRESS   1	STREET ADDRESS						6.3 STREET ADDRESS							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

MATTINE PROVALO FELLER ( Donal Bell / On 1/4 1/2/08 AFLI OLY 9/01