

FILED
Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082983

1. Corporation Name
GYM DOCTORS, INC.



Principal Place of Business 381 SOUTHEAST 6TH TERRACE POMPANO BEACH FL 33060	Mailing Address 381 SOUTHEAST 6TH TERRACE POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3220 NE 54th STREET		2a. Mailing Address 26 3220 NE 54th ST.		3. Date Incorporated or Qualified 09/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0787948	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 FT. LAUDERDALE, FL		City & State 28 FT. LAUD., FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00, May Be Added to Fees	
Zip 24 33308		Country 25 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29 33308		Country 30			

9. Name and Address of Current Registered Agent

HARVAN, DAVID-M
49 NORTHEAST 7TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name **DR. S. JOSEPH ANGERMI**
 82 Street Address (P.O. Box Number is Not Acceptable)
3220 NE 54th STREET
 83
 84 City **FT. LAUDERDALE** FL 85 Zip Code **33308**

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, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SHAPIRO, CLIFFORD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, CLIFFORD J	1.2 NAME	10187 VESJAR COURT
STREET ADDRESS	10187 VESJAR COURT	1.3 STREET ADDRESS	CORAL SPRING, FL 33071
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	ANGERMI, S.J. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELINI, S J	2.2 NAME	3220 NE 54th STREET
STREET ADDRESS	381 SOUTHEAST 6TH TERRACE	2.3 STREET ADDRESS	FT. LAUDERDALE FL 33308
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

954
943-4400
 Daytime Phone #

CR2E034 (11/98)