

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014824

FILED
Apr 02, 2012
Secretary of State

Entity Name: HIGHPOINT CENTER HEALTH CLUB, INC.

Current Principal Place of Business:

106 E. ORLANDO AVE
SUITE M - MEZZANINE
TALLAHASSEE, FL 32301

New Principal Place of Business:

106 E. COLLEGE AVE
SUITE M - MEZZANINE
TALLAHASSEE, FL 32301

Current Mailing Address:

106 E. ORLANDO AVE
SUITE M - MEZZANINE
TALLAHASSEE, FL 32301

New Mailing Address:

106 E. COLLEGE AVE
SUITE M - MEZZANINE
TALLAHASSEE, FL 32301

FEI Number: 59-3493173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRONG, DAVID C
1000 E. ORLANDO AVE
SUITE D
WINTER PARK, FL 32789 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: PD
Name: STRONG, DAVID
Address: 1000 N. ORLANDO AVE, SUITE D
City-St-Zip: WINTER PARK, FL 32789

Title: VD
Name: STRONG, LUCY A
Address: 1000 N. ORLANDO AVE., SUITE D
City-St-Zip: WINTER PARK, FL 32789

Title: ST
Name: CURRY, PAT
Address: 1000 N. ORLANDO AVE., SUITE D
City-St-Zip: WINTER PARK, FL 32789

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: DAVID C.STRONG

PD

04/02/2012

Electronic Signature of Signing Officer or Director

Date