



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



PHYSICAL FITNESS SERVICES CENTER ANNUAL REPORT

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 44-79-80(3) & Reg. 28-100(C)(4)
(803) 734-4291 | www.consumer.sc.gov | (803) 734-4200

Street Address

293 Greystone Blvd., Ste. 400
Columbia, SC 29210-8004

Annual Report is due each year by June 30th. Late reports are subject to a penalty of \$50.00.

IMPORTANT: Print legibly or type information requested on this form in its entirety. The report will not be accepted if any of the requested information is incomplete. Illegible or faxed reports will not be accepted. This form must be signed by the owner, partner, member, officer, or director of the business. For "Business Name" please provide the legal name for the business (for example, the name filed with the Secretary of State's Office or the name of the sole proprietor). Answer Questions 1 through 5 based on the information for all of the business's locations.

Business Name: _____

License No.: _____

QUESTIONS

1. Total number of current locations _____
2. Total number of current members _____
3. Total number of prepaid/paid-in-full members during the previous calendar year _____
4. Total number of installment contract members during the previous calendar year _____
5. Total number of month-to-month members during the previous calendar year _____

_____ I understand that I must notify the Department in writing within ten (10) business days after:
 (Initials) (a) revocation, suspension, or other proceeding against the center by a governmental authority related to the center's physical fitness services in any state; (b) the institution of a civil action against the center; (c) the filing of bankruptcy, reorganization, or receivership proceedings by or against the center; (d) the center's opening or closing of a new physical fitness center or outlet within South Carolina; or (e) felony indictments or convictions involving breach of trust, moral turpitude, fraud, or dishonest dealing.

I warrant that my signature is duly authorized and delivered by and for the business for which I sign. I swear or affirm and certify that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____

Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.