

HEALTH STUDIO REGISTRATION FORM HS-R2

RETURN TO:

Office of the Attorney General
Consumer Protection Section
500 Dexter Avenue
Montgomery, Alabama 36130-0152
(334) 242-7335

- 1. List the name, address and telephone number of the corporation or unincorporated business selling health studio services:

- 2. List the name, address, and telephone number of each and every entity listed in paragraph 1, at which health studio services are, or will be, provided:

NOTE: If any of the facilities listed above is a separate business entity (e.g., a corporation, partnership or sole proprietorship distinct from the entity listed in paragraph 1) each such facility is required to file a separate registration form and must independently satisfy the financial accountability requirement if it is a new studio opening on or after August 15, 1984.

(Attach additional sheets if needed)

- 3. In the case of each business entity listed in paragraph 17 specify:

- a) Whether the entity listed is a corporation, partnership, sole proprietorship or other business entity:

- b) The state in which the corporation, partnership, sole proprietorship or other business entity was formed, and the date of formation:

- c) The date on which the corporation, partnership, sole proprietorship or other business entity commenced transacting business in Alabama:

- d) In the case of a corporation incorporated in a state other than Alabama, the date on which the corporation first registered or qualified to do business in Alabama:

- e) The business entity's Internal Revenue Service identification number:

- 4. In the case of a corporation, listed in paragraph 1, specify:

- a) The name, address and telephone number of the resident agents of the corporation:

- b) The name, residential address and telephone number of each and every member of the Board of Directors of the corporation:

c) The name, address and telephone number of each and every officer of the corporation:

5. In the case of a business entity, other than a corporation, listed in paragraph 1, specify the name, address and telephone number of each person, or other entity, having an ownership interest in the listed business:

6. For each of the facilities listed in paragraph 2, specify the date any business concerning the facilities was first conducted in Alabama:

7. Specify whether any of the business entities or individuals listed in paragraph 5 has, or ever had, an ownership interest in any business entity or facility which sells, or ever sold, health studio services in the State of Alabama other than those entities or facilities listed in paragraph 2. If so, list the name, address and telephone number for each such facility (including the last known business address of business entities or facilities that are no longer in existence). Also, specify whether such business entity or facility is currently transacting business in the State of Alabama or, if not, the date the business entity or facility ceased operations:

8. Specify whether any of the persons listed in paragraphs 4b or 4c has or ever had, an ownership interest in any business entity or facility which sells, or ever sold, health studio services in the State of Alabama other than those entities or facilities listed in paragraph 2. If so, list the name, address and telephone number for each such facility (including the last known business address of business entities or facilities that are no longer in existence) . Also, specify whether such business entity or facility is currently transacting business in the State of Alabama or, if not, the date the business entity or facility ceased operations

9. **IMPORTANT:** Attach copies of any form health studio services agreement, or contract used, by each of the facilities listed in paragraph 2 in the State of Alabama. If no written contract is used, state this below.

CERTIFICATION

I, (NAME) _____, (TITLE) _____ hereby certify under pain and penalty of perjury, that the information contained in this Health Studio Registration Form is true and correct. I further certify that I am authorized to submit this Registration Form on behalf of

I also understand that I am under a continuing obligation to notify the Consumer Protection Section of the Attorney General's Office of any change in the information provided in this form.

SIGNATURE _____ DATE _____

Subscribed and sworn before me this ____ day of _____, 200__

NOTARY PUBLIC _____ My Commission Expires _____