

**Proposal to
The City of Coral Gables**

for

**Fitness Professional
RFP # 2015.02.20**

Prepared by: Rick Cabrera, CSCS

**THE
FITNESS
C·E·N·T·E·R**



**5541 SW 64 Place
Miami, FL 33155
305-298-0566
rickcabrera@bellsouth.net**

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Section 1

Letter of Introduction
Profile
Background
Structure of Firm

The Fitness Center, Inc.

Rick Cabrera, CSCS
5541 SW 64 Place
Miami, FL 33155

March 10, 2015

Selection Committee for Fitness Professional
RFP # 2015.02.20
Procurement Division
2800 SW 72 Avenue
Miami, FL 33155

Dear Committee Members,

Wellness is a process, a continuous moving toward a greater awareness of health. It is a full integration of physical, mental emotional and spiritual well-being. It is a complex interaction of the factors that add to a quality of life.

The City of Coral Gables War Memorial Youth Center serves as an avenue for the city's more than 49,000 residents to have access developing a lifestyle conducive to total wellness.

Developing a lifestyle conducive to total wellness must involve an awareness and appreciation for all the concomitant values of health and physical fitness. It is essential that the individuals incorporate a regular, systematic program of exercise into their daily lifestyle in order to meet these goals.

The Fitness Center Inc. has provided and supervised fitness programs for the patrons of the Coral Gables War Memorial Youth Center for the past seventeen years, with a very individualized approach to the role of exercise in developing total wellness.

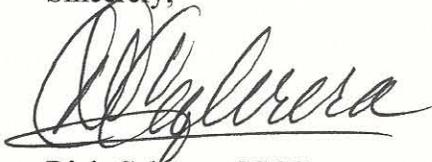
In order to embark on a safe program of exercise, a complete analysis and evaluation of various fitness components is made available upon request to participants. This evaluation is completed both prior to initializing the exercise program and at periodic intervals during training to monitor progress. Each participant is given a cardiac risk profile and exercise classification, as well as individual consultations in order to embark on a wellness program to improve their lifestyle and/or specific components of physical fitness.

Presently the Fitness Center operates with two fulltime and two part time employees. In addition, there are a number of sub-contracted instructors for various specialty fitness programs. These specialty fitness programs have been added over the last sixteen year tenure, and new programs continue to be added in order to meet the needs of members and the developing exercise trends and modalities in the fitness industry. The goal is to enhance the quality of the overall program and increase membership.

As the sole proprietor and president of The Fitness Center, Inc., I am involved in the day to day operations, supervision, implementation and quality of the programs, as well as recruitment of members through various marketing and referral strategies. I enclose my credentials and Fitness Program Perspective for your review and consideration. My thirty plus years in the fitness field encompass a wide range of experience, from working with medically identified populations to elite professional athletes. I have guided individuals from all age groups, socio-economic background and levels of education to take control of their own personal health and lifestyle habits so that they can make a constant and deliberate effort to stay healthy and achieve the highest potential for well-being.

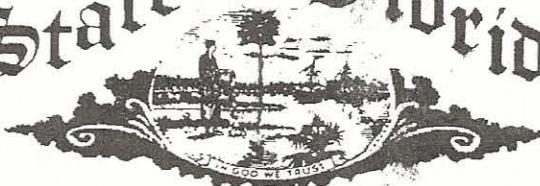
By choosing The Fitness Center, Inc. to manage the operations and all other Fitness Center related activities of your facility, I can assure you that we will continue to provide the leadership needed to serve the City of Coral Gables community and continue to bring the War Memorial Youth Center national recognition.

Sincerely;

A handwritten signature in black ink, appearing to read "Rick Cabrera", written in a cursive style.

Rick Cabrera, CSCS
Fitness Director / President

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of THE FITNESS CENTER, INC., a Florida corporation, filed on March 4, 1997, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H97000003741. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is P97000020092.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fifth day of March, 1997

Authentication Code: 997A00011302-030597-P97000020092-1/1



CR2EO22 (1-95)

Sandra B. Northam
Secretary of State

State of Florida

Department of State

I certify from the records of this office that THE FITNESS CENTER, INC. is a corporation organized under the laws of the State of Florida, filed on March 4, 1997.

The document number of this corporation is P97000020092.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on January 13, 2015, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirteenth day of January,
2015*



Ken Deitzman
Secretary of State

Authentication ID: CC4460061429

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

Section 2

Experience and Resume

Rick Cabrera, C.S.C.S.

Personal Information

Place of Birth: Havana, Cuba
Citizenship: United States

Present Position and Employment History

1997-present Fitness Director/President/Owner, The Fitness Center, Inc Fitness Director
Coral Gables War Memorial Youth Center, Coral Gables, FL
1993-1997 Assistant Director, Wellness Center, Miami Dade Community College,
Miami, FL
1992-1993 Assistant Director, Health and Fitness Institute,
HealthSouth Doctors' Hospital, Coral Gables, FL
1986-1992 Exercise Physiologist, Health and Fitness Institute,
HealthSouth Doctors' Hospital, Coral Gables, FL
1983- 1986 Physical Education/Basketball Coach, Coral Gables High School,
Coral Gables, FL

Education

1981 Associate of Arts in Physical Education,
Miami Dade Community College, Miami, FL
1984 Bachelor of Science in Exercise Physiology,
University of Florida, Gainesville, FL

Professional Certifications

1987 Certified Fitness Instructor, Governors Council on Physical Fitness
and Sport
1989 Health and Fitness Instructor, American College of Sports Medicine
1994 Certified Strength and Conditioning Specialist, National Strength Training
and Conditioning Association

Professional Memberships

American College of Sports Medicine
National Strength Training and Conditioning Association
IDEA Health and Fitness Association
Diabetes Exercise and Sports Association

Experience

1. Over thirty years experience in designing and coordinating fitness programs.
2. Supervision of exercise physiologist and exercise facility.
3. Developed conditioning, physical skills improvement and weight management programs for medically identified populations, professional and student athletes from Middle School to College level and Professional ranks.
4. Division of Health and Physical Education, Miami Dade Community College. Taught curriculum courses: Health Analysis and Improvement, Human Anatomy and Physiology, Health and Fitness Technician Certification Program.
5. Experienced in the design of specific strength and conditioning programs for student athletes of all sports at the collegiate level.
6. Diabetes Fitness. Worked with multi-disciplinary team in the care and delivery of education and programs for diabetes management.
7. Team Physiologist for the Miami Tropics of the United States Basketball League.
8. Contributing editor to the United States Taekwondo Journal. Published article "The Knee. The Most Famous Joint in Sports" (1993)
9. Fitness Consultant for "Total Conditioning" television show on Dynamic Cable. (1989 to 1990)
10. Lecturer for various cardiovascular symposiums targeting Medical Practitioners to maintain their CME's and credentials.

References

Joseph Rosado
Senior Associate Professor
Miami Dade Community College

Dr. Joe Martin, M.D., P.A.
Baptist Health Systems
Miami, FL

Bill Foran, M.S., C.S.C.S.
Strength and Conditioning Coach
Miami Heat Basketball

Debbie Leiter, M.S., RPT.
Leiter Physical Therapy
Miami, FL

Additional references are available upon request.

Section 3

Letters of Recommendation

Please note, these letters of recommendation were previously submitted with RFP # 2014.07.03.

In the interest of time and to alleviate any disruption, they are being submitted again for RFP # 2015.02.20.

Letters have been submitted by the following individuals:

Mr. Evelio Torres serves as the President and Chief Executive Officer of the Early Learning Coalition of Miami-Dade and Monroe Counties in Florida.

Mr. Ismael Fernandez is a Senior Territory Business Manager for Bristol Myers Squibb Company in the Greater Miami area.

Mr. Gustavo Scavino is a local real estate agent at the Coldwell Banker Miami Beach Lincoln Building office in Miami Beach, FL. He is a member in good standing of The Coral Gables War Memorial Youth Center and The Fitness Center.

July 25, 2014

City of Coral Gables
Finance Department
Procurement Division
Reference: RFP # 2014.07.03

Selection Committee for Fitness Professional,

Mr. Ricardo Cabrera currently serves as the Fitness Director of the Fitness Center at the Coral Gables War Memorial Youth Center. The Center has had outstanding programs of wellness for the number of years he has headed the facility. Mr. Cabrera has been a tireless worker in the daily operations of the Center. He is particularly good working one on one with members in terms of developing personal programs.

His motivational work in getting additional fitness programs started and in getting the members sold on the value of commitment and hard work towards physical fitness has been inspirational. I just can't say enough about Mr. Cabrera's extremely positive relationship with members and the intensity of his commitment to their development.

Mr. Ricardo Cabrera is an extremely knowledgeable professional and the Fitness Center at the Coral Gables War Memorial Youth Center would be extremely fortunate to keep someone of his ability as Director. I am most pleased to recommend him for renewal of his contract as Fitness Director.

If you have any questions regarding this letter of recommendation, I would be more than pleased to respond in any manner.

Sincerely,



Evelio C. Torres
Telephone: 305-667-1929
E-mail: torres1929@yahoo.com

July 17, 2014

City of Coral Gables
Procurement Division
Reference: RFP # 2014.07.03

To Whom It May Concern:

I am writing this letter as a recommendation for Rick Cabrera whom I have known for the past nine years.

Rick is one of those rare combinations of a mature, experienced man with excellent credentials and a talent in dealing with people in the field of health and fitness. He is exceptionally well trained in all areas of exercise physiology, especially in wellness and preventive medicine. The blend of his performance and personal interactions with people models him as a natural leader. Participants and employees alike respond to Rick's role modeling and teaching.

Throughout Rick's tenure at The Fitness Center having worked with adolescents and adults, he has behaved in professional, ethical, and moralistic manner. He is a tribute to any organization interested in promoting wellness and health and fitness.

Please communicate with me if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ismael Fernandez', with a long, sweeping flourish extending to the right.

Ismael Fernandez
Senior Territory Business Manager
Cardiovascular Specialty Division
Bristol-Myers Squibb
305-490-0325

July 17, 2014

To Procurement / Contract Team at the City Of Coral Gables
Procurement Division and reference RFP # 2014.07.03

I have the pleasure and privilege to know Mr. Rick Cabrera, who is the director of the Youth Center's fitness center and its activities. He is capable of creating a superior turnout and astonishing possibilities due to the quality, maintenance of the equipment, and the constant improvement he provides. Additionally, Mr. Cabrera teaches tae-kwon-do. In doing so, he demands the best from each of the children or adults, who participate to successfully integrate, communicate, improve physical performance, create auto demand, and appraisal of each one in him. Making all this possible with his energy, responsibility, and passion for teaching. Mr. Cabrera is not only an excellent professional but also an excellent human being, therefore, it is not only a privilege for me as a parent who entrust our children within the activity that he teaches them but to us adults who participate daily in the activities of the Fitness Center to recommend him. Being a member for the past eight years, I have seen the wonderful changes the Fitness Center has undergone due to the hard work of Mr. Cabrera. He is a splendid asset to the Youth Center and its Fitness Center. If you have any further questions or concerns, please feel free to contact me at (305)-443-3265.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gustavo Scavino', enclosed within a circular scribble.

Gustavo Scavino

Section 4

Certifications

CERTIFIED STRENGTH AND CONDITIONING SPECIALIST®

The National Strength and Conditioning Association
hereby certifies that

Rick Cabrera

has earned the designation of Certified Strength and Conditioning Specialist®
as defined by the NSCA Certification Committee.

December 3, 1994

DATE OF CERTIFICATION

December 31, 2017

DATE CERTIFICATION EXPIRES

943883

CERTIFICATION NUMBER



The CSCS and NSCA-CPT certifications are
accredited by the National Commission for
Certifying Agencies.



everyone **stronger**



This recognizes that

Rick Cabrera

has completed the requirements for

Adult, Child, Infant CPR/AED

conducted by

American Health Care Academy

11/26/2013

Date Completed:

11/26/2015

Valid Until:

AMERICAN COLLEGE OF SPORTS MEDICINE

has conferred upon

Ricardo Cabrera

the title of CERTIFIED

HEALTH/FITNESS INSTRUCTOR

having fulfilled the requirements established by the
Committee for Preventive and Rehabilitative Exercise Programs of the
American College of Sports Medicine.

IN WITNESS WHEREOF, this certificate duly signed has been issued
and the Seal of the American College of Sports Medicine hereunto affixed.

Lyle J. Michele

President, American College
of Sports Medicine

Robert E. Rogge

Executive Vice President
American College of Sports Medicine

Certification Number 2120

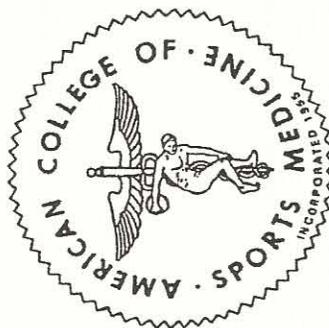
17th day of March, 19 89

William J. Hubert

Chairman, Committee for Preventive
and Rehabilitative Exercise Programs

Maurice P. Smith

Chairman, Certification Subcommittee





CERTIFICATE OF
*Professional
Recognition*

Rick Cabrera

is a Group Fitness Member in good standing of IDEA, The Health & Fitness Source

As a member of IDEA, Rick Cabrera is committed to a high standard of excellence in health and fitness education and abides by the IDEA Code of Ethics.

Kathie Jarvis

EXECUTIVE DIRECTOR



MEMBERSHIP CARD

176112

1997

G1

MEMBER NUMBER

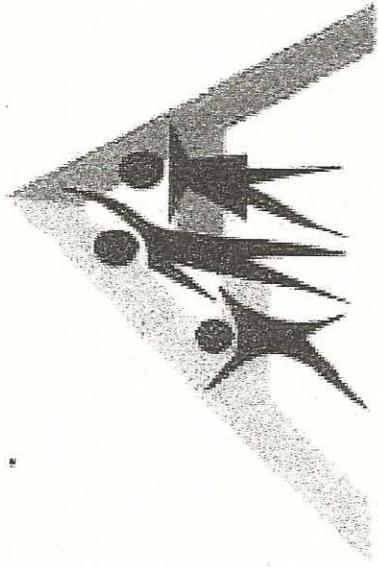
MEMBER SINCE

STATUS

Rick Cabrera

MEMBER NAME

INSPIRE THE WORLD TO FITNESS®



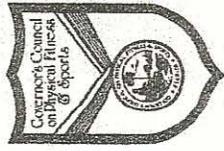
American Alliance for
Health, Physical Education,
Recreation and Dance

Professional Member

RICK CABREARA

3365179

*Serving health, physical education, recreation
and dance professionals since 1885.*



Florida
Governor's Council on
Physical Fitness & Sports

Certificate of Merit

Presented to

Rick Cabrera

for successful completion of course work at the
Fitness Instructor Workshop

June 20-21, 1987

Date

J. F. B. [Signature]
Area Coordinator



Bob [Signature]
Governor

Jimmy [Signature]
Executive Director



Support Staff



Pennie Goff
Executive Assistant



Jay Parker
*Director of Player
Personnel*



Dick Barth
*Director of Game
Day Operations/
Consultant*



Burnie Bass
Team Manager



Sherri Clemans
Promotions



Jason Ventura
Sales



Rick Cabrera
Team Physiologist



David McCune
Trainer

The Knee



This article deals with the most common injuries and their occurrences in the Martial Arts. Several large National and International surveys have been completed that give insight into the occurrences of martial arts-related injuries. The findings show that:

- ◆ Contusions account for 45 to 50%
- ◆ Sprains account for 13%
- ◆ Strains account for 14%
- ◆ Lacerations and abrasions account for 14%
- ◆ Fractures and dislocations account for 11%

The findings also found that the upper and lower extremities are involved 70 to 80 percent of the time. The remaining 30 percent affect the trunk, head, groin, and neck. Martial Arts athletes experience an average of two to three injuries per year with serious injury affecting only one in every 800 participants. The surveys noted that the rate and degree of injury is less than other contact sports, such as football, baseball, and basketball. Injuries are more common in competitive situations and with the less experienced participants.

Now that we have shown the percentage of occurrences, let us turn our attention to the Most Famous Joint in Sports: the knee. The knee is the junction of the upper leg bone, called the femur and the lower leg bone, called the tibia. More than a dozen muscles contribute to the knee's motions. It is a hinge joint, but it also glides and rotates during normal movement, making it vulnerable to linear and rotational damage as well as overuse and disuse syndromes.

The knee has two major ligament systems. One forms the connection between the two bones called the knee capsule. The knee capsule is made up of five distinct ligaments: the medial collateral; the lateral collateral; the posterior oblique; the arcuate ligament; and the oblique popliteal ligament. The knee has two additional ligaments that occupy the middle of the knee joint: the anterior cruciate ligament and the posterior cruciate ligament.

The knee joint cartilages, called menisci, sit between the pads of the bones that make up the joint. They act like knee shock-absorber pads.

Because of its design, there are at least five places where the knee can be injured: the ligaments, the cartilages, the muscles around the knee, the knee cap, and the tendons. In future articles I will attempt to give a more in-depth analysis of the various degrees of sprains and specific injuries to these areas. I will also include treatments, prevention, and causes of these injuries.

In this article, let's look at the knee cartilage (menisci): knee cartilages have a poor or no blood supply. Because of this biological fact, a tear or a rip sometimes cannot heal itself. A torn knee cartilage is the third most common injury to the knee.

It is practically impossible to tear your knee cartilage by just running or cutting under your own power at a young age. The rip usually stems from direct contact.

The inside knee cartilage (medial meniscus) is torn four times more frequently than the outside knee cartilage.

If you get a tear in your cartilage, it is torn for good. A tear may be quite small initially, but then with further sports participation, it may become larger or extend.

The pain is usually on the side of the knee where the cartilage has been injured. If there is a very small tear in the cartilage, you will be able to recover in three to four days and return to normal activities. Remember, however, that the cartilage does not heal. Sometimes the knee will feel absolutely normal, but at other times it will lock or buckle. You will have good and bad days.

It is important to know the status of your knee cartilage if you suspect an injury. Get an evaluation from your Doctor. If you leave this condition unattended, you may not only wind up with a larger tear in your meniscus, but also may suffer knee ligament injury in the future. In my next article, I'll discuss ligament injuries.

Common symptoms of knee problems are: pain; swelling and stiffness; locking; buckling (giving way); discoloration; grinding; sliding knee cap; and loose bodies.

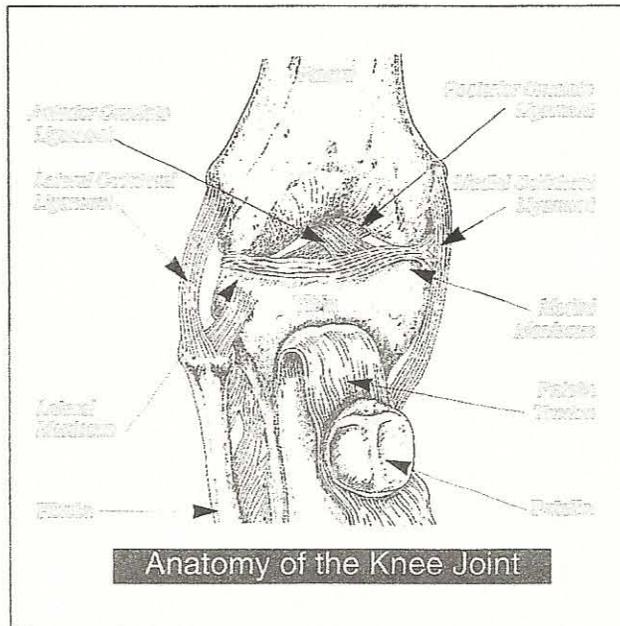
The treatments for knee pain include: rest, ice; decrease activity; change shoes; change surface or terrain; anti-inflammatory medication (ie. aspirin); orthotics; knee brace; conditioning, which includes stretching exercises and physical therapy; injecting steroids or local anesthetics and surgery.

The following exercises make up the basic knee training regiment (do 2 to 3 sets of 12 to 20 reps): straight leg raises; knee extensions; hamstring curls; hip ab/adduction; squats; forward & side lunges; toe presses. □

References: ◆ Birrer, Richard B. 1989 *Karate Kids*.
◆ *Sportcare and Fitness* Jan/Feb 14-19 ◆ Southmayd William, M.D. and Marshall Hoffman 1981, *Sports Health. The Complete Book of Athletic Injuries*, Quick Fox, New York. ◆ Klafs, Carl E., and Arnheim, Daniel D., 1981 *Modern Principles of Athletic Training*. The C.V. Mosby Co., St. Louis, MA. ◆ Tortora and Anagnostakos, 1978, *Principles of Anatomy and Physiology*. Harper & Row, N.Y., N.Y.

by Rick Cabrera, B.S. ◆ Exercise physiologist

with the Health & Fitness Institute at Health South Doctors' Hospital. ◆ Certified with the American College of Sports Medicine. ◆ Black Belt in Richard Chun Taekwondo Center in New York City. ◆ Certified with the President Council in Physical Fitness.



Anatomy of the Knee Joint

New Products

Go! is a nutritional beverage from the inventor of Gatorade, Dr. Robert Cade, M.D. a physiologist and professor of medicine at the University of Florida. From the results of his research in sports nutrition, Dr. Cade developed Go!, The High Performance Drink of the Future. His research has shown that Go! enhances a person's ability to recover quickly from intense physical activity to allow training and competition at higher levels.

Go! is a low fat nutritional beverage that tastes like a milkshake. Its 14 grams of protein, which are derived from a reduced lactose non-fat milk formulation, place it in the "high protein" food class. Go! provides 30% of the "Recommended Daily Allowance" (RDA) of protein suggested by the USDA.

Go! provides the essential amino acids in the precise ratio required to hasten the healing of your body. Go! replenishes muscle tissue damaged during strenuous exercise while the carbohydrates replenish energy stores and minerals supply the sodium, potassium and phosphorus necessary for healthy muscle function. Anyone engaged in physical activity can benefit by using Go!. To replenish muscle tissue drink at least one Go! after every workout. To get energy, drink a Go! one to two hours before exercise. Those desiring to lose weight while training may use it in place of one or two meals per day, while those desiring to maintain or increase muscle mass should drink Go! as a supplement to their meals. □

Section 5

Organizational Mission Statement

**THE
FITNESS
C.E.N.T.E.R.**



ORGANIZATIONAL MISSION STATEMENT

The mission of the Fitness Center, Inc. is to promote lifelong wellness. We believe all people are entitled to specialized, supervised and scientifically oriented exercise programs. Using a multidisciplinary team approach towards fitness and well-being, we can ensure that the educational, physical and psychological needs of the individual are directed toward optimal health and an active lifestyle.

OUR CLIENTS

We are committed to helping our clients achieve lifestyle changes conducive to high levels of wellness. We provide our clients a nurturing and safe environment; by establishing and maintaining high standards of care and service; by providing a well qualified, highly trained staff; and by creating a variety of programs designed to help individuals achieve and maintain physical health and fitness.

OUR PEOPLE

We are committed to recruiting the best individuals in our industry. We will strive to provide a working climate of mutual trust, respect and support. We recognize the importance of each individual and his or her active role in the success of the entire center and will compensate with opportunities for growth and advancement.

OUR FINANCIAL OBJECTIVE

We are committed to long term profitability of every project we undertake. Our decisions are guided by economics without compromising our integrity. Our objective is to build economic value to the highest level possible.

OUR INDUSTRY

We are committed to leading our industry by our clients' satisfaction, results driven fitness programs, innovations in training methodologies, integrity, and financial success.

OUR COMMUNITIES

The Fitness Centers' role in the community is as a consultant, educator and provider of quality fitness programs which are available to the residents, professional organizations and all other community programs. We are committed to the enhancement of the community in which we are a part through our leadership and active participation in community affairs.

Section 6

Program Proposal

Coral Gables War Memorial Youth Center Fitness Program Proposal

Developing a lifestyle conducive to total wellness must involve an awareness and appreciation for all the concomitant values of health and physical fitness. It is essential that the individuals incorporate a regular, systemic approach of exercise in to their daily lifestyle in order to meet these goals. In addition, in order to embark on a safe program of exercise, a complete analysis and evaluation of various fitness components should be completed both prior to initiating the exercise prescription and at periodic intervals during training to monitor progress.

This Fitness Program includes a more individualized approach to the role of exercise in relationship to developing a personal wellness program. Using various assessments, the participant's fitness levels are evaluated and progress of their personal exercise prescriptions is monitored. Fitness members will have the option to be individually evaluated regarding:

1. Cardiovascular efficiency.
2. Body Composition.
3. Cardiac Risk Factors.
4. Strength.
5. Flexibility.

Following the interpretation of the data, fitness members may begin an exercise program of their choice which may include stationary cycling, weight training, aerobic dance, walking or jogging, rowing and climbing.

Goals

- I. The fitness member will understand the implications of a complete health and fitness analysis relative to the individualized exercise prescription.
- II. The fitness member will apply this evaluative data into an individualized exercise program.
- III. The fitness member will become knowledgeable in recognizing cardiac risk factors and developing various components of physical fitness.
- IV. The fitness member will develop an awareness of the importance and benefits of a regular systematic program of exercise.

Objectives

- I. Each fitness member will have the option to be given a complete fitness analysis and receive an individualized exercise prescription based on interpretation of the data.

- A. Fitness Screening

Each fitness member will be given the option to receive a complete fitness test battery as well as a personalized evaluation. This evaluation is designed to assess the following components:

1. Cardiovascular efficiency (**Appendix A and A1**)
 2. Body Composition (**Appendix A and B**)
 3. Strength (**Appendix A**)
 4. Flexibility (**Appendix A**)
 5. Muscular Endurance (**Appendix A**)

- B. Individualized Exercise Prescription

Based on interpretation of the data, fitness members will be given an individualized program of exercise designed to improve and/or maintain a pre-determined level of fitness. Fitness members will receive consultation regarding the benefits of different types of exercise programs and the implications of specificity of training.

- II. Options available for individual exercise programs are:

- A. Walking /jogging
 - B. Stationary cycling
 - C. Strength training
 - D. Aerobic dance
 - E. Rowing
 - F. Climbing
 - G. Step aerobics
 - H. Circuit training
 - I. Other specialized training and conditioning programs. Please refer to programs outline and descriptions.

- III. Each fitness member will be given a cardiac risk profile and exercise classification as well as receive individual consultations in order to embark on a wellness program to improve his/her lifestyle and specific components of physical fitness.

- A. Completion of Physical Readiness Questionnaire form to evaluate the fitness member's family history, health history, and determine a cardiac risk profile. (**Appendix C**)
- B. Member information and Exercise Classification. (**Appendix D**) Refer to **Appendix D1** for exercise classification guidelines.
- C. Exercise waiver and exercise consent form. (**Appendix E**)
- D. Completion of Coral Gables Parks and Recreation Membership Form with the Coral Gables War Memorial Youth Center. (**Appendix F**)
- E. For individuals with exercise contraindications identified from the Physician Readiness Questionnaire, an additional Physician Consent form will be required by The Fitness Center, Inc. (**Appendix G**)

Injury / Precaution in Physical Activities

Most injuries in physical activities are minor in nature but frequently include injuries such as sprained ankles, shin splints, blisters and sore muscles. There are however, some severe very serious injuries and life threatening conditions that can result when individuals attempt to perform feats for which they are not physically prepared or do not apply proper precautionary guidelines. In order to reduce the possibility of injury and maintain a safe environment, participants are encouraged to follow the Fitness Center Exercise Guidelines. (**Appendix H**) In addition they will be encouraged to:

1. Stretch thoroughly prior to and following participation in any activity.
2. Cease all activity if pain, nausea, or light headedness occurs.
3. Maintain proper hydration guidelines.

Structure

- I. Fitness members will become sufficiently motivated to implement the wellness concept into their personal lifestyle. On going fitness program:
 - A. Recommended for one hour, five days per week.
 - B. Supervised by an exercise physiologist.
- II. Content
 - A. Aerobic activities are recommended three times per week.
 1. Walk/jog
 2. Aerobic circuit using a variety of aerobic equipment
 3. Aerobic dance and other specialty aerobic classes.
 - B. Strength training is recommended two times per week.
 1. Increase muscular size, body leanness, strength and endurance through the use of various resistive modalities.

- C. Flexibility, to improve and maintain range of motion is recommended daily.
- D. Periodic analysis and evaluation of fitness components is recommended to monitor progress.
- E. Specialty Fitness Programs
 1. **Fitness Boot Camp/30 Minute Circuit.** For ages 16 years and above. This Boot Camp 30 minute circuit is designed to increase endurance and overall strength for men and women. It is for all fitness levels and participants work at their own pace. Core abdominal exercises are one of the main objectives to keep the body aligned and strong. We train with functional exercises such as squats, lunges, push ups and lower back stability utilizing toning bands, medicine balls and other modalities including resistance machines; which will help in every day activities.
 2. **Pre-Teen Fitness Program.** For ages 8-12 years old. This is a supervised conditioning program for boys and girls ages 8 to 12. The program provides a forum through which the child will be introduced to appropriate conditioning techniques which will be used in later stages of development.
 3. **Teen Fitness Program.** For ages 13 – 18 years old. This conditioning program for teens offers supervised strength training and aerobic conditioning as well as sports-specific training for Middle and Senior High School Athletes.
 4. **Aerobic Box and Conditioning.** This class is a fun, effective workout that combines high impact step with body sculpting and toning. This class is geared to build endurance, coordination, lower body strength and flexibility.
 5. **Ageless in Motion.** For ages 55 and above. This program is designed for the 55+ population with little or no experience exercising. It is an introduction to a more active lifestyle through no-impact or low-impact aerobics, use of stationary bicycles, treadmills and muscle strengthening exercises. Blood pressure and heart rate are monitored.
 6. **ZUMBA Aerobics & Conditioning.** For ages 13 and above. This is a fun effective workout that combines high impact aerobic dance with body sculpting and toning exercises. This class is geared to build endurance, coordination, strength, agility and flexibility through the application of salsa, meringue, cambia, reggaeton and others, as well as resistance exercises.

7. **Tai Chi.** For ages 18 years old and above. Tai Chi assists healing of chronic ailments, improves circulation of the blood and other bodily fluids, facilitates digestion, benefits the reproductive organs and relaxes the nervous system. Tai Chi has a toning and smoothing effect on the body. Tai Chi sculpts the waistline while it tones other areas of the body. Tai Chi is a low impact form of exercise that helps to strengthen the legs and bring flexibility to the muscles of the body. It's relaxed and slow method of movement can be thought of as a form of moving meditation or moving yoga, thus combining physical movements with mental focus to create an intense form of exercise.
8. **Yoga.** For 15 years old and above. This class will explore the awakening of the body, mind and spirit by linking breath and yogic movement to invigorate and tone the body and soothe the mind. Each class will offer instruction in alignment, breathing and meditation practice to enhance your understanding of yoga and improve your overall well-being.
9. **Tae Kwon Do.** For ages 7 years old and above. The martial arts all originated as a total system of training, with an ultimate aim to radically transform the very being of the practitioner. The martial arts are not merely fighting skills; they are a way of life and a way of thinking. The study of martial arts can improve you as a person. It teaches balance, control of aggression, and reduces insecurities through the diligent practice of physical techniques and the internalization of philosophical principals.
10. **Agility and Speed Development Camp.** For ages 12 years old and above. This camp is designed for student athletes to help improve and produce increases in their agility and speed of performance. The training session includes drills performed outdoors and supplementary circuit activities. All activities are timed and the performer attempts to decrease the time achieved.
11. **Bellydance-fit.** This class is for women of all ages, body types, and life styles. You will exercise to beautiful and feminine dance steps and will enjoy exotic and soulful music in every class! Bellydance-fit is a low impact form of exercise that through muscle isolations combined with natural flowing movements will greatly improve muscle tone (legs, thighs, calves, gluteus, abdominals, upper arms and back) increases flexibility, postural alignment, coordination, balance and circulation. The dance also provides more vigorous movements that gradually accelerate the heart beat to burn calories, raise the metabolism and improve the resting heart rate.
12. **Summer Camps.** Refer to **Appendix I** for program outline.

13. The following are proposed additions to the Fitness Program which are currently under negotiation and planning stage:
 - a. Stroller Fitness.
 - b. Silver Sneakers.
 - c. Corporate Fitness Programs.
 - d. High School Specific Sports Conditioning Programs.

Section 7

Appendix

Appendix A


Fitness Assessment Worksheet

Name _____ Age _____ Weight _____ Sex _____

RHR (BPM) _____ Resting BP _____ Date of Assessment _____

Fitness Profile

Rating	1 mile Time:	Sit-ups Total:	Grip Strength R: L:	Sit & Reach in	Body Comp % fat:
Excellent					
Good					
Average					
Fair					
Poor					

Cardiovascular Assessment:

1 mile walk

Weight _____ X .08 = _____

Age _____ X .39 = _____

Time _____ X 3.26 = _____

HR _____ X .16 = _____

Total _____ + _____

Males
139.16

_____ total

_____ VO2

Estimated Max HR: 220 - _____ = _____
(age)

Training HR: _____ 60% _____ 70% _____ 80%

Females
132.85

_____ total

_____ VO2

Body Composition:

Males:

Chest: _____

Abdomen: _____

Thigh: _____

Total: _____

Females:

Triceps: _____

Sup. il: _____

Thigh: _____

Total: _____

% fat: _____

Total body weight: _____

Lean body weight: _____

Fat weight: _____

Recommended % fat: _____

Weight loss: _____

Appendix A1



Cardiovascular Assessment Worksheet

Name: _____ Date of Assessment: _____

Sex: _____ Age: _____ Weight: _____ Resting HR: _____

Cardiovascular Assessment:

1 mile walk		Males	Females
Weight _____ X .08 = _____		139.16	132.85
Age _____ X .39 = _____		_____ total	_____ total
Time _____ X 3.26 = _____		_____ VO2	_____ VO2
HR _____ X .16 = _____			
Total	+	_____	

Estimated Max HR: $220 - \frac{\text{age}}{\text{(age)}} = \text{_____}$

Training HR: _____ 60% _____ 70% _____ 80% _____ 90% _____ 95%

AGE	Female			Male		
	HIGH	AVG.	LOW	HIGH	AVG.	LOW
18-21	>45.3	42.7-41.0	<39.4	>56.1	52.4-54.1	<49.8
20-29	>40.9	36.7-33.8	<30.6	>48.2	44.2-41.0	<37.1
30-39	>38.6	34.6-32.3	<28.7	>46.8	42.4-38.9	<35.4
40-49	>36.3	32.3-29.5	<26.5	>44.1	39.9-36.7	<33.0
50-59	>32.3	29.4-26.9	<24.3	>41.0	36.7-33.5	<30.2
60+	>31.2	27.2-24.5	<22.8	>38.1	33.6-30.2	<26.5

Appendix B



Body Composition:

Males:

Chest: _____

Abdomen: _____

Thigh: _____

Total: _____

Females:

Triceps: _____

Sup. il: _____

Thigh: _____

Total: _____

% fat: _____

Total body weight: _____

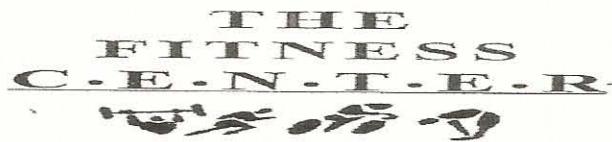
Lean body weight: _____

Fat weight: _____

Recommended % fat: _____

Weight loss: _____

Description	Women	Men	Description	Women	Men
Recommended amount	20-25%	8-14%	Essential fat	12-15%	2-5%
Adults in United States, average	22-25%	15-19%	Athletes	16-20%	6-13%
Obese	30%+	25%+	Fitness	21-24%	14-17%
			Acceptable	25-31%	18-25%
			Obese	32%+	25%+



EXERCISE GUIDELINES

PLEASE ADHERE TO THE FOLLOWING GUIDELINES
WHEN EXERCISING IN THE FITNESS FACILITY

1. CHECK IN AT THE FRONT DESK
2. CURRENT MEMBERSHIP REQUIRED TO BE ISSUED A TOWEL
3. PROPER EXERCISE ATTIRE:
 - NO OPEN TOE SHOES
 - NO DENIM MATERIAL
 - CONSERVATIVE CLOTHING ENCOURAGED
4. PLEASE REMOVE JEWELRY FOR YOUR SAFETY AND TO PROTECT THE UPHOLSTERY OF THE EQUIPMENT
5. NO ONE UNDER **15 YEARS OF AGE** UNLESS DURING SUPERVISED PROGRAM TIME
6. ALL APPROPRIATE FORMS MUST BE ON FILE:
 - DOCTORS RELEASE FORM
 - PAR Q QUESTIONNAIRE
 - EXERCISE WAIVER
 - ORIENTATION

Appendix F

EXERCISE WAIVER AND GRADED EXERCISE CONSENT FORM

This is to certify that I _____ release the Fitness Center, Fitness Center Director and staff of any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the exercise program or use of the equipment in the Fitness Center.

I further attest that I am in good health and at no risk to take part in aerobic activities and/or muscle strengthening activities and to perform a graded exercise test that may include a bicycle ergometer, motor driven treadmill or one mile walk.

I understand that there exists the possibility of certain physiological changes during the test and exercise session. These changes could include abnormal blood pressure responses, fainting, dizziness, abnormal heart rhythm, and in rare instances heart attack and various muscle and joint injuries.

In the event that a medical clearance must be obtained to my participating in the exercise program, I agree to consult my physician and obtain a written permission from my physician prior to the commencement of any exercise program or test.

In signing this consent form, I affirm that I have read and understand all phases of this exercise program. I also affirm that my questions regarding the exercise program and testing have been answered to my satisfaction and consent to participate of my own free will knowing I may withdraw from the training or testing at any time.

Signature of Participant

If Participant is under 18 years of age, parental consent and signature is required.

Signature of Witness

Date

Section 8

Proposer Acknowledgment

Response Form

Revenue Proposal

CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
 Finance Department / Procurement Division
 Tel: 305-460-5115 / Fax: 305-261-1601

PROPOSER ACKNOWLEDGEMENT

<p>RFP Title: Fitness Professional</p> <hr/> <p>RFP No. 2015.02.20</p> <p>A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1059 of the City of Coral Gables Procurement Code.</p>	<p>Proposals must be received prior to 2:00 p.m., Monday, March 23, 2015, and may not be withdrawn for a period of up to 90 calendar days after opening. Proposals received by the date and time specified will be opened in the Procurement Office located at 2800 SW 72nd Avenue, Miami, FL 33155. All proposals received after the specified date and time will be returned unopened.</p> <p>Contact: Letrice Y Smith Title: Contract Specialist Telephone: 305-460-5121 Facsimile: 305-261-1601 Email: lsmith@coralgables.com / contracts@coralgables.com</p>
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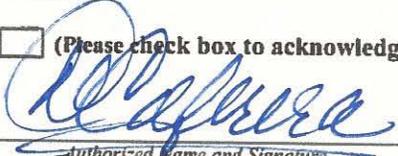
THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE COMPLETE PROPOSAL PRIOR TO THE DATE AND THE TIME OF PROPOSAL OPENING.

Proposer Name: <i>THE FITNESS CENTER, INC.</i>	FEIN or SS Number: <i>65-0737111</i>
Complete Mailing Address:	Telephone No.: <i>305-298-0566</i> Cellular No.: <i>305-298-0566</i>
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Fax No.: <i>305-661-2823</i>
Bid Bond / Security Bond (if applicable) <i>N/A</i> %	Email: <i>rckcabrera@bellsouth.net</i>

ATTENTION: FAILURE TO SIGN (PREFERABLY IN BLUE INK) OR COMPLETE ALL RFP SUBMITTAL FORMS, INSURANCE, ADDENDUM(S) ACKNOWLEDGEMENT AND ALL PAGES OF THE RFP DOCUMENT MAY RENDER YOUR RFP NON-RESPONSIVE.

THE PROPOSER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RFP DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE RFP DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES IF THE RFP IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RFP PERTAINS. FURTHER, BY CHECKING THE AGREE BOX LISTED BELOW AND BY SIGNING BELOW IN **BLUE INK** ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. I AM AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

Agree (Please check box to acknowledge this solicitation)



 Authorized Name and Signature *PRESIDENT / OWNER* *3-10-15*
 RICK CABRERA Title Date

SECTION 6

Request for Proposal (RFP) No. 2015.02.20

6.0: RFP RESPONSE FORMS

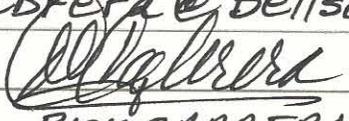
SUBMITTED TO:

City of Coral Gables
Office of the Chief Procurement Officer
2800 SW 72 Avenue
Miami, Florida 33155

1. The undersigned agrees, if this RFP is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified in the RFP and Contract Documents within the time indicated and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Proposer accepts and hereby incorporates by reference in this Proposal Response Form all of the terms and conditions of the Request for Proposal.
3. Proposer agrees to furnish all labor, services and supervision for the work described in this Request for Proposal.
4. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Proposal.

Addendum No. 1 Date 3-13-15 Addendum No. _____ Date _____
Addendum No. 2 Date 3-13-15 Addendum No. _____ Date _____
Addendum No. _____ Date _____ Addendum No. _____ Date _____

5. Proposer accepts the provisions of the Contract as to penalties in the event of failure to provide services as indicated.

Proposer: THE FITNESS CENTER, INC.
Address: 5541 SW 64 PLACE
City/State/Zip: MIAMI, FL. 33155
Telephone No./Fax No.: 305-298-0566 / 305-661-2823
E-mail: rickcabrera@bellsouth.net.
Officer signing Proposal:  Title: PRESIDENT/OWNER
RICK CABRERA

Note: Addendums issued may be downloaded on-line by visiting www.coralgables.com, "Open Bid Invitation".



Request for Proposal

RFP 2015.02.20

Fitness Professional

ADDENDUM No. 1

Issued Date: March 13, 2015

Here is the information that was discussed during the pre-proposal meeting and facility tour:

- Fitness Center hours of operation- Mon-Fri 6am-10pm, Sat 7am-4pm, closed on Sundays.
- Participants range in age from pre-teen to seniors
- Must be 15 years and older to use fitness center unless enrolled in a youth fitness class
- Fitness Memberships allow access to entire YC facility, patio, indoor basketball gym, locker rooms, etc.
- Additional programs and classes may utilize alternate facility areas, i.e. indoor gymnasium, field, dance studio, etc.
- Fitness Center participant usage & demographics:
 - 6am-8am mostly working adults/boot camp classes more females
 - 8am-12pm seniors/adult fitness classes both males and female
 - 12pm-3pm younger adults/ youth participants classes/ both female and male
 - 3pm- 6pm high school age members, adults with kids in alternate programming both male and female
 - 6pm-10pm attended by young adults mainly males - (the center is the most busiest)
- Marketing consists of entries in the programming guide as well as online postings and flyers through Youth Center marketing department

This Addendum shall be acknowledged in Section 6.0 on the Addendum form. All other terms and conditions shall remain in full force and effect.

Sincerely,

Chief Procurement Officer



Request for Proposal

RFP 2015.02.20

Fitness Professional

ADDENDUM No. 2

Issued Date: March 13, 2015

The subject RFP is amended as follows:

The Proposal Checklist (Pg.7) – There is **No** Bid Bond Required for this Proposal, however the successful proposer will need a performance bond at the time of contract award.

This Addendum shall be acknowledged in Section 6.0 on the Addendum form. All other terms and conditions shall remain in full force and effect.

Sincerely,

Chief Procurement Officer

SECTION 7

Request for Proposal (RFP) No 2015.02.20

7.0: PRICE and PROPOSAL FORM

7.1 REVENUE PROPOSAL

Proposers should carefully follow the instructions outlined below, particularly with respect to the format and number of pages allotted to each topic, if applicable. Failure to follow these instructions may be considered grounds for excluding a proposal from further consideration.

Proposer shall submit a Proposal expressing its interest in providing the services described herein. To receive consideration, this Request for Proposal must be submitted in its entirety, with all forms executed. Any additional information to be submitted as part of the Proposal may be attached behind the Proposal.

*Proposers must include the percentage of gross revenues that will be applied to cost of services rendered, not to exceed a maximum of seventy percent (70%).

Enter % Amount 70%

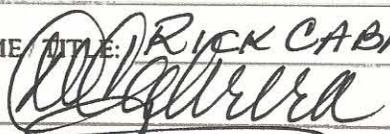
It is understood that the remaining balance of gross revenue shall be paid to the City of Coral Gables in consideration for the use of City Fitness center and various other considerations under a contract with the City.

7.2 PROPOSAL

Proposer shall submit a Proposal expressing interest in providing the services described herein. To receive consideration, this request for Proposal must be resubmitted in its entirety, with all forms executed, each section signed as read and understood, and the response form completely filled out. Proposals must be typed or printed in ink. Use of erasable ink is not permitted. Additional information shall be attached behind this form, carefully cross-referencing each item number and/or letter.

7.3 ADDITIONAL INFORMATION REQUIRED

- Personal resume, inclusive of education, of the prospective Fitness Professional
- 3-5 page Program Proposal for the Fitness Center
- 3 letters of recommendation , 3 references
- Copies of degrees, certifications and licenses as identified in the personal resume

PROPOSER: THE FITNESS CENTER, INC.
CONTACT NAME/TITLE: RICK CABRERA, PRESIDENT/OWNER
SIGNATURE:  DATE: 3-10-15
ADDRESS: 5541 SW 64 PLACE MIAMI, FL 33155
TELEPHONE: 305-298-0566 FACSIMILE: 305-661-2823 EMAIL: rickcabrera@bellsouth.net.

Section 9

Procurement Forms

PROCUREMENT FORMS CHECK LIST

ATTACHMENT A

COMPANY NAME: (Please Print): <u>THE FITNESS CENTER, INC.</u>
Phone: <u>305-298-0566</u> Email: <u>rickcabrera@bellsouth.net</u>

-- NOTICE --

ONLY ONE ORIGINAL OF THE PROCUREMENT FORMS IS REQUIRED.

BEFORE SUBMITTING YOUR RFP, MAKE SURE YOU HAVE COMPLETED AND INCLUDED...

- Proposer Statement – Answer all questions; if it does not apply write “None or Not Applicable”
- Validation – Complete and sign; attest where applicable.
- Public Entity Crimes – Complete and Sign
- American with Disabilities (ADA) – Complete and Sign
- Non-Collusion Affidavit - Have it properly notarized.
- Drug Free Work Place – Complete and Sign
- Certification of Proposer Statement – Have it properly notarized.

FAILURE TO PROVIDE THE REQUESTED DOCUMENTS MAY RESULT IN YOUR RFP BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR RFP.



Initials

CITY OF CORAL GABLES

PROPOSER STATEMENT

This questionnaire is to be submitted to the City of Coral Gables Procurement Division by the Proposer, along with the solicitation being submitted for the goods, services and/or construction required by the City of Coral Gables. Do not leave any questions unanswered. When the question does not apply, write the word(s) "None" or "Not Applicable", as appropriate. Failure to complete this form as applicable may be deemed non-responsive.

Company Name: THE FITNESS CENTER, INC.

Contact Name: RICK CABRERA Title PRESIDENT / OWNER

Address: 5541 SW 64 PLACE MIAMI, FL 33155

Telephone 305-298-0566 Cellular 305-298-0566 Facsimile 305-661-2823

Email: rickcabrera@bellsouth.net

Federal Employer Identification Number (FEIN No.): 65-0737111

Check One: Corporation Partnership Sole Proprietary LLC / LLP Other

List all current licenses held and provide copies

(a) State of Florida N/A

(b) Miami Dade County N/A

(c) City of Coral Gables Municipal License N/A

(d) Others HEALTH FITNESS INSTRUCTOR ACSM, CSCS, NSCA

1. State the true, exact, correct and complete name of the partnership, corporation, and trade or fictitious name in which business is transacted and the address of the place of business.

Proposer Name: THE FITNESS CENTER, INC.

The address of the principal place of business is: 5541 SW 64 PLACE
MIAMI, FL. 33155

2. How many years has organization been in business under present business name? 19 YEARS

a. Under what other former names has organization operated? N/A

3. Are any of the principals of this company employed by the City of Coral Gables? If so, disclose their name(s) below:

NONE

4. Indicate registration, license numbers or certificate numbers for the business or professions which are the subject of this RFP. Please attach certificate of competency and/or state registration.

N/A

5. Have you ever failed to complete any work awarded to you or been held in default of a contract? (Y) (N) if yes, state when, where and why? (Please provide the name and contact information of the entity which was involved).

N/A

6. Have you, or a predecessor company or organization, filed bankruptcy in the last three (3) Years? (Y) (N) if yes, information must be provided pertaining to the proceeding and outcome of the action.

N/A

7. State whether you or any officers of your company have been involved in any claims or litigation in the last five (5) years in any way relating to the business being procured in this RFP. Provide details as to the cause and outcome (judgments and settlements) of those claims or litigation, whether it is the present company, a predecessor or related company.

NONE

N/A

8. Has your insurance coverage ever been cancelled for non-payment of insurance premiums or any other reason? (Y) (N) If yes, what was the reason? _____

N/A

9. Have you personally inspected the site of the proposed work? (Y) (N)

10. **References:** List references that may be contacted to ascertain experience and ability of Proposer. Provide a minimum of three (3) references (Government entities preferred):

THE CORAL GABLES WAR MEMORIAL YOUTH CENTER	FRED COUCEY RD PARKS & REC. DIR.	305-460-5604	fcouceyrd@coralgables.com
(Name)	(Contact)	(Phone Number)	(Email)
MIAMI-DADE COLLEGE NORTH CAMPUS	JOSEPH ROSADO	305-237-1841	jrosado@mdc.edu
(Name)	(Contact)	(Phone Number)	(Email)
HEALTH & FITNESS DOCTORS' HOSPITAL	LYNN MCCAULEY	786-596-4909	lynnmccau@baptisthealth.net
(Name)	(Contact)	(Phone number)	(Email)
BAPTIST HEALTH SOUTH FLORIDA			

Provide any additional information as to qualifications and/or experience, attach documentation to this form.

VALIDATION:

The undersigned certifies the information provided in this questionnaire is correct and accurate.

IF PARTNERSHIP:

Signature

Print Name of Firm

Print Name

Address

Title

IF CORPORATION:


Signature

THE FITNESS CENTER, INC.

Print Name of Corporation

RICK CABRERA
Print Name

5541 SW 64 PLACE
MIAMI, FL 33155
Address

PRESIDENT / OWNER
Title

WITNESS:


Signature

DOMINICK CABRERA
Print Name

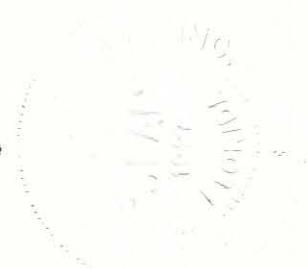
SECRETARY
Title

(CORPORATE SEAL)

Attest: _____



Secretary



VALIDATION (Cont'd):

IF LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP):

Signature

Name of Company

Print Name

Address

Title

IF SOLE PROPRIETORSHIP

Signature

Name of Firm

Print Name

Address

Title

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to CITY OF CORAL GABLES ref: RFP 2015-02-20
[print name of the public entity]
by RICK CABRERA PRESIDENT/OWNER
[print individual's name and title]
for THE FITNESS CENTER, INC.
[print name of entity submitting sworn statement]

Whose business address is: 5541 SW 64 PLACE MIAMI, FL 33155

and (if applicable) its Federal Employer Identification Number (FEIN) 65-0737111

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____.)

2. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

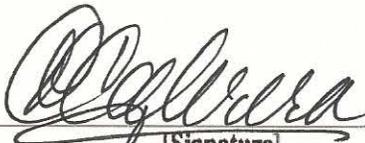
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [indicate which statement applies.]

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.
[attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


[Signature]

Sworn to and subscribed before me this 12 day of March, 2015.

Personally known _____



OR Produced identification _____

Notary Public - State of FL

70L#0166-720-59-331-0
(Type of identification)

My commission expires 9/29/17

Carl Queener
(Printed, typed, or stamped commissioned name of notary public)



CARL QUEENER
MY COMMISSION # FF 022371
EXPIRES: September 29, 2017
Bonded Thru Budget Notary Services

AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted CITY OF CORAL GABLES
by RICK CABRERA PRESIDENT / OWNER (print name of public entity)
(print individual's name and title)

for THE FITNESS CENTER, INC.
(print name of entity submitting sworn statement)

whose business address is: 5541 SW 64 PLACE MIAMI, FL 33155

and (if applicable) its Federal Employer Identification Number (FEIN) 65-0737111
(If the entity has not FEIN, include Social Security Number of the individual signing this sworn statement: _____.)

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794
The Federal Transit Act, as amended, 49 U.S.C. Section 1612
The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

[Signature]
[Signature]

Sworn to and subscribed before me this 12 day of March, 2015

Personally known [Signature]

or produced identification:

C166-720-59-331-0
[Type of Identification]

Notary Public, State of FL

My Commission Expires 9/29/17

Carl Queener
[Printed, typed or stamped
commissioned name of
Notary Public]



CARL QUEENER
MY COMMISSION # FF 022371
EXPIRES: September 29, 2017
Bonded Thru Budget Notary Services

NON-COLLUSION AFFIDAVIT

State of FLORIDA

County of MIAMI-DADE

RICK CABRERA being first duly sworn, deposes and says that:

(1) Affiant is the PRESIDENT / OWNER,
(Owner, Partner, Officer, Representative or Agent) of
THE FITNESS CENTER, INC. the Bidder / Proposer that has

submitted the attached Solicitation;

(2) Affiant is fully informed respecting the preparation and contents of the attached Bid/Proposal and of all pertinent circumstances respecting such Solicitation;

(3) Such submittal is genuine and is not a collusive or sham Solicitation;

(4) Neither the said Bidder / Proposer nor and of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder / Proposer or firm, or person to submit a collusive or sham Solicitation in connection with the work for which the attached submittal; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Bidder, firm, or person to fix any overhead, profit, or cost elements of the Solicitation price or the Solicitation price of any other Bidder / Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

(5) The price or prices quoted in the attached submittal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

[Signature]
[Signature]

Sworn to and subscribed before me this 12 day of March, 20 15

Personally known _____

produced identification:

702# R 166-720-59-331-0
[Type of Identification]

Carl Queener
Notary Public, State of FL

My Commission Expires 9/29/17



CARL QUEENER
MY COMMISSION # FF 022371
EXPIRES: September 29, 2017
Bonded Thru Budget Notary Services

Carl Queener
[Printed, typed or stamped
commissioned name of
Notary Public]

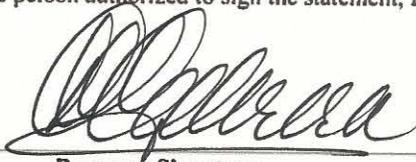
DRUG-FREE WORK PLACE FORM

THE FITNESS CENTER, INC.

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that _____ does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the work place, the business's policy of maintaining a drug-free workplace, any available drug counseling, Employee Assistance Programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee a copy of the statement specified in subsection (1) that are engaged in providing the commodities or contractual services that are proposed.
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are proposed, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Proposer Signature

3-10-15

Date

CERTIFICATION OF PROPOSER STATEMENT

I RICK CABRERA, PRESIDENT/OWNER certify that I am authorized to act on behalf
(Name) (Title)
of THE FITNESS CENTER, INC. pursuant to the RFP and further
(Name of Business)

acknowledge and understand the information contained in response to this Proposer Statement shall be relied upon by Owner awarding the contract and such information is warranted by Proposer to be true and correct. The discovery of any omission or misstatement that materially affects the Proposer Statement to perform under the contract shall cause the City to reject the bid or proposal, and if necessary, terminate the award and/or contract. I further certify that the following are the names, titles and official signatures of those persons authorized to act by the foregoing statement.

<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
<u>RICK CABRERA</u>	<u>PRESIDENT/OWNER</u>	<u></u>
_____	_____	_____
_____	_____	<u></u> Signature

State of Florida

County of Miami-Dade

On this the 2 day of March, 2015, before me, the undersigned Notary Public of the State of Florida, personally appeared RICK CABRERA and whose name(s) is/are subscribes to
(Name(s) of individual(s) who appeared before notary)

the within instrument, and acknowledge it's execution.


NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

Carl Queener
(Name of Notary Public: Print, Stamp or Type as Commissioned.)

Personally known to me, or
Produced identification:



CARL QUEENER
MY COMMISSION # FF 022371
EXPIRES: September 29, 2017
Bonded Thru Budget Notary Services

702 # C166-720-59-331-0
(Type of Identification Produced)

Section 10

Draft Professional Service Agreement

PROFESSIONAL SERVICES AGREEMENT

THIS PROFESSIONAL SERVICES AGREEMENT is made as of this ____ day of _____, 2014, between the City of Coral Gables (hereinafter called the "City"), and THE FITNESS CENTER, F.N.C. (hereinafter called the "Professional").

RECITALS

WHEREAS, the City desires to enter into an agreement with the Professional to _____ (the "Project"); and

WHEREAS, the City having investigated the qualifications of the Professional to perform the services herein contemplated and found those qualifications satisfactory; and

WHEREAS, the Professional having examined the scope of the services required hereunder and having expressed desire and willingness to provide such services and having presented qualifications to the City in support of those expressed desires; and

WHEREAS, the Professional agrees to accept this Agreement upon the terms and conditions hereinafter set forth; and

NOW, THEREFORE, in consideration of the promises and the mutual covenants herein contained, the City agrees to retain the Professional for a period of three (3) years or until terminated by the CITY upon 30 days written notice to the CONTRACTOR, in accordance with the notice requirements contained in Section XII. This agreement may be renewed at the sole discretion of the CITY for two (2) additional one (1) year periods.

I. GENERAL PROVISIONS

This Agreement incorporates and supersedes all previous agreements, written and oral, and all prior and contemporaneous communications between the parties, regarding this subject. The City reserves the right to initiate change to any provision of this Agreement. All such changes shall be accomplished only by mutually signed Amendments.

The Professional shall perform the services as specifically stated in the Scope of Services, which is attached hereto and incorporated herein as Exhibit A, and as may be specifically designated and authorized by the City.

1.1 Engagement. The City agrees to engage the Professional for a period specified in paragraph 1.2, and the Professional agrees to accept such engagement and to perform such services for the City upon the terms, and subject to the conditions set forth herein.

1.2 Agreement Period. The terms of the Agreement shall commence upon approval of the City Commission and agreement execution, and shall continue thereafter for a period of three (3) years or until terminated by the CITY upon 30 days written notice to the CONTRACTOR, in accordance with the notice requirements contained in Section XII. This agreement may be renewed at the sole discretion of the CITY for two (2) additional one (1) year periods.

1.3 Duties and Responsibilities/Priority of Interpretation. The Code and any City resolutions take precedence over this agreement and its exhibits. This document without exhibits is referred to as the "Base Agreement." In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or description of any task, deliverable, service, or other work, or otherwise, between the Base Agreement and the exhibits, or between exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the body of this Base Agreement, and then to the exhibits according to the following priority:

- a) City Resolution and applicable Code provisions;
- b) City Request for Proposal (RFP)
- c) Professional's Response to RFP
- d) Insurance Certificates
- e) Professional's Exceptions to Terms and Conditions

During the Agreement Period, the Professional will serve as a Consultant to the City and will assist the City in the _____.

1.4 Background Investigation. The Professional agrees that all employees including the Professional may be subject to an annual background investigation.

1.5 Polygraph Examination. The Professional agrees to submit to polygraph examinations at the request of the Director or designee.

1.6 Medical, Drug Screening and Check-ups. All Professionals, their employees, agents and sub consultants must satisfactorily complete the City's pre-placement medical and drug screening examinations and be certified as drug free as well as abide by the City's Drug Free Work Place Policy at Professional's expense. The City may require that the Professional and/or their employees, agents and sub consultants performing services for the City submit to a yearly medical and drug screen examination, at Professional's expense.

1.7 Drug Testing. The Professional agrees to submit to unannounced drug testing at the request of the Director or designee.

1.8 Driver's License. At City's option, the Professional must provide a valid Florida Driver's License or appropriate commercial driver's license for each employee, agent or sub consultant and be willing and able to operate any required vehicles as authorized by the City. Evidence of compliance with the Defensive Driving Course must be submitted to the City prior to operating a City vehicle or any vehicle where patrons or children are passengers. Individuals must be approved by the Risk Management Division of the City prior to the operation of a City owned vehicle and/or privately owned vehicles while conducting City business. The City reserves the right to request the employee/agent's driving record from the State of Florida, at Professional's expense.

1.9 Confidential Information. The Professional agrees that any information received by the Professional for the City and in providing services in accordance with this Agreement which is not publicly available, shall not be revealed to any other persons, firm or organizations.

1.10 Most Favored Public Entity. The Professional represents that the prices charged to City in this Agreement do not exceed existing prices to other customers for the same or substantially similar items or services for comparable quantities under similar terms and conditions. If Professional's prices decline, or should Professional, at any time during the term of this Agreement, provide the same goods or services to any other customer at prices below those set forth herein, then such lower prices shall be immediately extended to the City.

II. PROFESSIONAL SERVICES

2.1 Basic Services. The duties and responsibilities are outlined in the RFP.

2.2 Reporting. The Professional shall comply with the necessary reporting requirements as outlined by the Director or designee for review. In addition, the Professional shall submit a monthly report to the Director or designee, which shall include detailed information regarding the activities of the Professional during the previous month.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written.

Approved as to Insurance:

AS TO CITY:

David J. Ruiz
Risk Management Division
of Human Resources

Cathy Swanson-Rivenbark
City Manager

Approved by Department Head
or head of negotiations team as to
the negotiated business terms

ATTEST:

Fred Couceyro
Parks and Recreation Director

Walter J. Foeman
City Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Approved as to compliance with
Applicable Procurement Requirements:

Craig E. Leen
City Attorney

Michael P. Pounds,
Chief Procurement Officer

Approved as to Funds Appropriation:

Diana M. Gomez,
Finance Director

ATTEST:

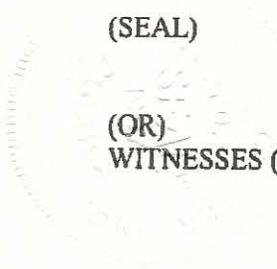
AS TO PROFESSIONAL

Dominick Cabrera
Corporate Secretary
Print Name: DOMINICK CABRERA

Rick Cabrera
Print Name: RICK CABRERA
Title: PRESIDENT / OWNER

(SEAL)

(OR)
WITNESSES (2):



Print Name: _____

Print Name: _____

DRAFT

Section 11

Insurance Certificate



**CITY OF CORAL GABLES
REQUIRED COVER SHEET & CHECK LIST WHEN EVIDENCING INSURANCE**

This check list was developed to identify the documents required when an entity and/or an individual is evidencing insurance to the City. All applicable boxes must be checked. This form, and other related insurance documents are available @ www.coralgables.com. Under City Departments tab, click on Human Resources, then the Risk Management Division Page.

◀◀◀ THIS FORM MUST BE SUBMITTED WHEN EVIDENCING INSURANCE TO THE CITY ▶▶▶▶

Full Legal Name (as shown on the agreement or permit with the City):	
City Department (that you are working with or that is issuing a permit):	
City Employee (contract manager or employee issuing permit):	
The name & phone # of the individual who completed this check list:	
The date this check list was completed in its entirety:	

- A Certificate of Insurance is attached and the following information is contained therein:**
- The named insured listed on the Certificate of Insurance exactly matches the name of the individual and/or entity that is required to evidence insurance to the City.
 - The Certificate Holder section of the Certificate of Insurance reads as follows:
City of Coral Gables • Insurance Compliance
PO Box 12010 - CE • Hemet, CA 92546-8010
 - The special provisions section of the Certificate of Insurance contains language affirming that;
 - 1) Endorsements have been issued to all required insurance policies naming the City of Coral Gables as an additional insured on a primary and non-contributory basis (except workers compensation & professional liability insurance) and;
 - 2) That all policies evidenced to the City contain a waiver of subrogation endorsement and;
 - 3) That all policies have been endorsed to ensure that the City receives the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

IF COVERAGE IS REQUIRED FOR THE LINES OF INSURANCE BELOW, THEN THE DOCUMENTS LISTED MUST ALSO BE ATTACHED TO THE CERTIFICATE OF INSURANCE EVIDENCED TO THE CITY

- Copies of the following **Commercial General Liability Endorsements** (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

- Copies of the following **Automobile Liability Endorsements** (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

- Copies of the following **Workers Compensation Endorsements** (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/21/2015

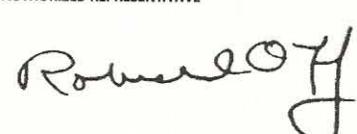
PRODUCER Maguire Insurance Agency, Inc. 27101 Puerta Real Suite 200 Mission Viejo, CA 92691- 877.438.7459	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 18058
INSURED The Fitness Center Inc 5454 SW 64th Pl Miami, FL 33155-		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK524248-005	02/19/2015	02/19/2016	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$2,500
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMP/OP AGG	\$3,000,000
A	X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PHPK524248-005	02/19/2015	02/19/2016	COMBINED SINGLE LIMIT (EA accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	
						E.L. DISEASE - EA EMPLOYEE	
						E.L. DISEASE - POLICY LIMIT	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS/ VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 It is understood and agreed that the following entity is added as an additional insured but only with respect(s) to the operations of the named insured except that liability resulting from the additional insured's sole negligence.

CERTIFICATE HOLDER City of Coral Gables PO Box 12010-CE Hemet, CA 92546-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---

Workers Compensation and Employers Liability Insurance Policy

FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Information Page

NCCI Company No.: 24090

65073711

ACCOUNT NUMBER: F000666302-001-00001

Branch GR GRAND RAPIDS	Policy Number WC 03497288 06	Producer Code 11587441	Previous Policy Number 06	RENEWAL
Servicing Address PO Box 2487		Grand Rapids, MI 49501-2487		
ITEM 1. Name Insured and Mailing Address THE FITNESS CENTER INC 5454 SW 64 PLACE MIAMI FL 33155		Producer Name and Servicing Address MAGUIRE INS AGCY INC / F & W 1 BALA PLZ STE 100 BALA CYNWYD PA 19004-1403 (866) 516-1776		
This Information Page, with policy provisions and endorsements, if any, completes this policy.				
Insured is: CORPORATION				
Risk I.D. No:		F.E.I.N.: 650737111		
Other Workplaces Not Shown Above:		SEE SCHEDULE OF INSURED AND LOCATIONS		
ITEM 2. Policy Period: From: 02/19/2015 To: 02/19/2016 12:01 a.m. Standard Time at the Insured's Mailing Address				
ITEM 3.				
A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: FL				
B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:				
	Bodily Injury by Accident	\$	1,000,000	Each Accident
	Bodily Injury by Disease	\$	1,000,000	Policy Limit
	Bodily Injury by Disease	\$	1,000,000	Each Employee
C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: ALL STATES EXCEPT ND, OH, WA, WY AND THOSE LISTED IN 3A.				
D. This policy includes these endorsements and schedules: SEE FORMS AND ENDORSEMENTS APPLICABLE LIST				
ITEM 4.				
The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required on the following Classification Schedule (s) is subject to verification and change by audit.				
SEE CLASSIFICATION SCHEDULE				
Total Estimated Standard Premium	\$	1,098.00	If indicated below, adjustments of premium shall be made:	
Premium Discount	\$	1.00-	<input type="checkbox"/>	Annually
Expense Constant	\$	200.00	<input type="checkbox"/>	Semi-Annually
Premium for Endorsements	\$	12.00	<input type="checkbox"/>	Quarterly
Total Estimated Annual Premium	\$	1,309.00	<input type="checkbox"/>	Monthly
Minimum Premium	\$	631.00		

Issue Date: 01/14/2015

WC 00 00 01 A (Ed. 09-02)

U-WC-3063 07 13

INSURED COPY

Copyright, 1987 National Council on Compensation Insurance

Countersigned By Authorized Representative

GUILLERMO N. BARRIOS

920 SW 129 PLACE, MIAMI, FL 33184, 786-525-8346, BEBVANI@YAHOO.COM

EXPERIENCE

8/1/2009 TO PRESENT

The Fitness Center, Inc.

Coral Gables, FL

FITNESS INSTRUCTOR

- Provide individualized personal service necessary to structure and supervise fitness program with realistic expectations.
- Seasoned Citizens Fitness Program / Ageless in Motion
- Monitor the condition of the fitness center's facility

GYMNASTICS COACH 1997 to 2002

EDUCATION

JULY 15, 1977

Escuela Provincial de Educacion Fisica
Comandante Manuel Fajardo

Habana, Cuba

MS EXERCISE SCIENCE (CULTURA FISICA)

- International Gymnastics Coach and Judge.
- Special Interest in the aging and physiological responses to exercise.
- "Circulos de Abuelos" Fitness Programs.

REFERENCES

References are available on request.

Luis Lagrange

11601 NW 57 Ct Hialeah FL 33012
Cell: 305.992.0958 - Lagrangejr@gmail.com

Summary

Skilled Exercise Physiologist with advanced training in teaching fitness and training. Enjoys inspiring others to commit to long-term health and fitness goals.

Highlights

- Certified Exercise and the Older Adult expert
- Weight training expertise
- Fitness programming specialist
- Personable and friendly
- Dedicated
- Certified in CPR and AED
- Bilingual in both Spanish and English

Accomplishments

Certified Strength and Conditioning Specialist from the National Strength Training Association since October 1997

Experience

Assistant to the Director/ Fitness Instructor

May 1997 to Current

The Fitness Center — Coral Gables, FL

Manage day to day activities of the facility

Conduct Orientations and Exercise Testing to new members

Conduct and design Fitness classes geared toward children, adults, and older adults.

Facility Floor/Personal Trainer

April 1994 to May 1997

Williams Island The SPA — Aventura, FL

Suggested exercise modifications to individual students to avoid strain and injury. Promoted club programs, products and services to participants. Corrected dangerous movements and suggested alternate exercises. Set up equipment, tested microphone and selected music prior to each class.

Wellness Center staff assistant

August 1992 to April 1994

Miami Dade Community College North Campus — Miami, FL

Paul Bernard Julmeus

11301 SW 73 Lane | Miami, Florida, 33173
Pjulmeus@gmail.com | Cell Phone: 305-803-1720

OBJECTIVE:

To obtain the position as a Fitness Instructor

EDUCATION:

Texas Tech University, Lubbock, Texas
Major: Advertising
Graduation Date: May 2012
Cross Country and Track Team Student-Athlete: Aug 2007-2012
NCSF Certified
American Heart CPR & First Aid

AWARDS RECEIVED:

Dean's List Spring of 2009
TECHspy's Congeniality Award

RELATED EXPERIENCE

24 Hour Fitness- Kendall, Florida
Personal Trainer (January 2013 – March 2013)

- Trained clientele
- Assisted with boot camps

Coral Gables Youth Center
Personal Specialist (March 2013 –Present)

- Checked-in members at the gym
- Supervised gym and members
- Taught pre-teen and teen fitness boot camp
- Lead activities for their summer fitness camp

ACTIVITIES:

Big 12 Student Athlete Leadership Summit Summer 2010

- Was selected to attend three-day event
- Discussed how to create better atmospheres for student-athletes
- Interacted with motivational speakers

Student Athlete Advisory Committee 2008-Present
Vice President 2011-Present

- Help create future legislation for student-athletes
- Coordinate events and fundraiser
- Performed in and helped create talent show to raise money for Special Olympics
- Spoke at local elementary school

SKILLS: Adobe InDesign, Photoshop, Microsoft Office Suite

Dominick Cabrera

5541 SW 64th Pl
Miami, FL 33155
Phone: (305) 389-5289
E-mail: dominickcabrera@gmail.com

Objectives

Secure a job offering valuable experience in preparation for medical school

Education

Bachelor of Science (December 13, 2013)

- ▶ Florida State University
- ▶ Major in Exercise Science (with Honors)
- ▶ Minor in Child Development

Experience

Camp Counselor (June, 2011 – August, 2011)
Fitness Center, Inc (405 University Dr, Coral Gables, FL 33134)
Exercise training and education for children ages 6-13 as part of summer camp

Cross Country and Track Coach (June, 2014 – Present)
Columbus High School (3000 SW 87th Ave, Miami, FL 33165)
High school level distance running coach

Extracurricular

- ▶ Volunteer at Miami Children's Hospital
- ▶ Volunteer experience with the National Alliance on Mental Illness (February, 2014 – April, 2014)
- ▶ Member of the Florida State Cross Country and Track & Field teams (2010-2013)
- ▶ Inducted member into the Oscar Arias Sanchez Hispanic Honor Society at Florida State University
- ▶ 3 time State Champion as a student-athlete at Christopher Columbus High School (2008-2010)

United States Marshals Service, Miami, FL

May 2008- Aug. 2008

Internship

- Under the direction and supervision of Deputy Marshals assist law enforcement agents serve subpoenas, summonses and writs of executions issued by courts to individuals and banks
- Participate with agents in serving civil and criminal warrants, search and collection of assets and property seized or forfeited from individuals and companies, preparing and keeping inventory database
- Train in court security and administrative procedures, locate and process criminals and inmates on D.A.V.I.D. and prisoner tracking systems and perform background checks
- Assist Court Security Division Marshals analyzing taped phone conversations to gather courtroom evidence

Becker & Poliakoff Law Firm, Coral Gables, FL

Feb. 2008- May 2008

Legal Clerk

- Prepared documents and monitored legal proceedings involving real estate transactions from start to closing, ordered and reviewed deeds, title searches, contracts, liens, taxes and loan documentation
- Filed litigation documents in court, mailed letters timely with enclosures and all cc's accurately and entered clients information into new computer system
- Developed files of most commonly used forms and disclosures electronically or in paper format

Damian & Martinez Law Firm, Miami, FL

1997 – 2007

Legal Clerk

- Requested, reviewed legal documentation, ascertained all evidential information was accurate and obtained court hearing dates
- Processed all documentation with appropriate parties involved in divorce and bankruptcy cases
- Researched traffic citations and DUI cases for necessary legal documentation
- Created files with index in chronological order and kept Code books and records up-to-date

SUMMARY OF QUALIFICATIONS

- Skilled Professional experienced in athletic and customer service environments with strong organizational and interpersonal skills, the ability to work well independently as well as part of a team, and detail-oriented.
- Dedicated to meeting and exceeding deadlines in fast-paced environments.
- Acquired certification in Emergency First Responders Course.
- Acquired certification in Emergency Medical Technician.
- Seeking a certification in Paramedics along with the American Council of Exercise (ACE) as well as a Physical Therapy Assistant degree.
- Proficient in Microsoft Office, Internet applications and TopForm Bankruptcy Program.
- Bilingual - English/Spanish.

JOEL RODRIGUEZ

6410 S.W. 144th St., Miami, FL 33158

Home: 305-253-4570 • Cell: 305-302-7029 • jrodr0711@aol.com or Jrodr0711@gmail.com

EDUCATION

<i>Emergency Medical Technician</i> , 2015	Miami-Dade Community College, Miami, FL
<i>Emergency First Responders</i> , 2014	Miami-Dade Community College, Miami, FL
<i>Associate Degree in Science</i> , 2013	Miami-Dade Community College, Miami, FL
<i>Bachelor of Science in Criminal Justice</i> , 2008	Florida International University, Miami, FL
<i>Bachelor of Science in History & Minor in Criminology</i> , 2006	Barry University, Miami, FL
<i>Associate Degree in Political Science</i> , 2001	Miami-Dade Community College, Miami, FL

PROFESSIONAL EXPERIENCE

Coral Gables Fitness (Youth) Center, Coral Gables, FL 2007 – Present

Fitness Center Supervisor

- Supervise and continuously update staff and instructors by giving out tasks and directions for the fitness center's overall development
- Perform fitness profile, assist and motivate clients in achieving and fulfilling their individual goals by maximizing five parameters of fitness: muscular strength, endurance, flexibility, cardiovascular fortitude and body composition
- Supervise and teach children fitness programs for ages 8-12 years old and 13-15 years old on a regular daily schedule.
- Provide individualized personal service necessary to structure and supervise fitness program with realistic expectations, researching and customizing new techniques and latest trends
- Monitor the condition of the fitness center's facility and equipment and complete minor repairs
- Research and communicate with various gym equipment distributors in order to ensure quality and economical pricing of products

Robaina Fitness Associates, Miami, FL 2009 – Present

Personal Trainer & Bootcamp Instructor

- Developed modified fitness programs for individual and group clients
- Implement personalized exercise programs for every client
- Handle the progression and transition of all the clients into new, more effective exercises

Mercy Hospital, Miami, FL 2012- Present

Rehab Aide

- Assist physical therapist in their exercise rehabilitation
- Transport patients to and from to rehab center
- Visit patients and post their scheduling for therapy
- Speak to the nurses to make sure patients received all their necessary medications before transporting them to their rehab session.
- Communicate with therapists about patients limitations and progress

Hyperbaric Oxygen Therapy

- Hyperbaric Oxygen Technician Operator
- Hyperbaric Oxygen Tenor
- Assessing patient's vitals before and after treatment.
- Inputting patient's medical history and vitals into hospital data base.
- Proper and careful care of patients inside and out of the chamber.

Denise Rodriguez

6410 Mitchell Drive, Coral Gables, FL 33158
denniowow@aol.com
305.299.8446

experience

The Fitness Center at The Coral Gables Youth Center

Fitness Supervisor (March 2007 to present)

- Provide individualized personal service necessary to structure and supervise fitness program with realistic expectations, researching and customizing new techniques and latest trends
- Monitor the condition of the fitness center's facility

WSVN Channel 7 News Miami Shores, FL

Deco Drive Archivist (March 2013 to present)

- Pulls video that is needed from the show for the day.
- Mails out any stories that may interest the producers to add in the show.
- As soon as the script for the teases and open are ready to be tracked, responsible for making sure the reporter or anchor tracks.
- Make sure the editors edit the stories correctly before they air.
- Inform the producers runtimes for each of the packages in the show.
- Assist in picking out soundbites for stories in the show if understaffed.
- If needed will edit stories for the show.

Deco Drive Editor (November 2010 -present)

- Familiar with Edius editing system.
- Edit entertainment stories for the deco drive reporters.
- Convert video to HD format using the avid machine.
- Using creative skills on packages and stories for the show.
- Assist the producers and the deco drive coordinator to make sure the show is completed.

Deco Drive Coordinator (June 2007-present)

- Review the schedule of the show and make sure that all the stories are completed.
- Provide editors with video for each of the stories.
- Revise the work from the editors to make sure the video matches with the story.
- Interact with the producers to make sure the show is successful.
- Log each of the tapes that will be used in the show onto the rundown.
- Observe the show to make sure there are no mistakes.

Editor (December 2005-November 2010)

- Assist the coordinators with the production of each of the newscasts.
- Cooperate with the reporters to make sure their stories are successful.
- Supply reporters with video from pathfire and ipump.
- Create the stories written by producers for each newscast.

Video Tape Operator (January 2004-December 2005)

- Recorded specific shows that were important to the station such as Fox and CNN.
- Coordinated with stations across the state to book satellite feeds.
- Assisted the reporters to make sure their story was delivered to our department.

Internships

WSVN Channel 7 News Sports Department, Miami Shores, FL (Fall 2004)

Responsible for logging all sports games and editing the highlights.

education

Barry University, Miami Shores, FL (2000-2004)

Bachelor of Arts in Broadcasting with a Minor in Advertising.

awards and honors

Barry University Women's Rower of the Year Award.

qualities and skills

Fluent in English and Spanish

Proficient in all Microsoft Office applications

Comprehensive understanding of all print, broadcast and interactive production

Capable of working with a large group of people

Hobbies

Rowing, jogging, cycling, and going to the gym.

Interests

Barry University Women's Rowing Team (2000-2004)

NCAA Women's Rowing Championship May 2004 and 2002.

Volunteer Affiliations

Special Olympics FIU North Campus

THE FITNESS CENTER, INC. (an S Corporation)
FINANCIAL STATEMENTS
DECEMBER 31, 2013



LESTER BARRERAS, C.P.A., P.A.

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To the Stockholder of
THE FITNESS CENTER, INC. (an S Corporation)
MIAMI, FLORIDA

We have compiled the accompanying statement of assets, liabilities, and stockholder's equity – tax basis of The Fitness Center, INC. (an S Corporation) as of December 31, 2013, and the related statement of revenue, expenses and retained earnings-tax basis for the year then ended and the accompanying supplementary information contained herein, which is presented only for supplementary analysis purposes. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the tax basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the tax basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared on the tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

LESTER BARRERAS, C.P.A., P.A.

February 16, 2014

THE FITNESS CENTER, INC. (an S Corporation)
STATEMENT OF ASSETS, LIABILITIES, AND STOCKHOLDER'S EQUITY - TAX BASIS
DECEMBER 31, 2013

ASSETS

CURRENT ASSETS:

Cash	\$ 28,570	
Total current assets		\$ 28,570

PROPERTY AND EQUIPMENT:

Equipment	169,002	
Furniture and fixtures	4,680	
Total property and equipment	\$ 173,682	
Less: accumulated depreciation	173,682	
Net property and equipment		<u>0</u>
		<u><u>\$ 28,570</u></u>

THE FITNESS CENTER, INC. (an S Corporation)
STATEMENT OF ASSETS, LIABILITIES, AND STOCKHOLDER'S EQUITY - TAX BASIS
DECEMBER 31, 2013

LIABILITIES AND STOCKHOLDER'S EQUITY

CURRENT LIABILITIES:

Shareholder Loan	\$ 14,233	
Total current liabilities		\$ 14,233

STOCKHOLDER'S EQUITY:

Common stock, \$1.00 par value, 100 shares, issued and outstanding	\$ 100	
Retained earnings	14,237	
		<u>14,337</u>
		<u>\$ 28,570</u>

See Accountants' Compilation Report.

THE FITNESS CENTER, INC. (an S Corporation)
STATEMENT OF REVENUES, EXPENSES, AND RETAINED EARNINGS - TAX BASIS
FOR THE YEAR ENDED DECEMBER 31, 2013

REVENUE	
Income	\$ 137,833
TOTAL OPERATING EXPENSES	<u>120,159</u>
NET INCOME	17,674
RETAINED EARNINGS (DEFICIT):	
Beginning	<u>(3,437)</u>
Ending	<u><u>\$ 14,237</u></u>

See Accountants' Compilation Report.

SUPPLEMENTARY INFORMATION

THE FITNESS CENTER, INC. (an S Corporation)
STATEMENT OF REVENUES, EXPENSES, AND RETAINED EARNINGS - TAX BASIS
FOR THE YEAR ENDED DECEMBER 31, 2013

Accounting and legal	\$	910
Administration		621
Advertising		618
Auto and truck cost		3,217
Computer costs		1,816
Continuing education		1,947
Depreciation		25,604
Donations		1,650
Dues & subscriptions		144
Employee benefits		4,304
Entertainment and promotion		847
Insurance		3,922
Laundry		564
Miscellaneous		2,694
Office supplies		847
Outside contracted services		49,514
Payroll taxes		1,449
Payroll, office		8,600
Professional memberships		398
Repairs and maintenance		3,633
Seminar		485
Storage		799
Telephone		2,383
Travel		1,655
Uniforms		297
Utilities		1,241
		<hr/>
Total Operating Expenses	\$	<u>120,159</u>

THE FITNESS CENTER, INC. (an S Corporation)
FINANCIAL STATEMENTS
DECEMBER 31, 2014



LESTER BARRERAS, C.P.A., P.A.

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To the Stockholder of
THE FITNESS CENTER, INC. (an S Corporation)
MIAMI, FLORIDA

We have compiled the accompanying statement of assets, liabilities, and stockholder's equity – tax basis of The Fitness Center, INC. (an S Corporation) as of December 31, 2014, and the related statement of revenue, expenses and retained earnings- tax basis for the year then ended and the accompanying supplementary information contained herein, which is presented only for supplementary analysis purposes. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the tax basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the tax basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared on the tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

LESTER BARRERAS, C.P.A., P.A.

February 21, 2015

THE FITNESS CENTER, INC. (an S Corporation)
STATEMENT OF ASSETS, LIABILITIES, AND STOCKHOLDER'S EQUITY - TAX BASIS
DECEMBER 31, 2014

ASSETS

CURRENT ASSETS:

Cash	<u>\$ 28,484</u>	
Total current assets		\$ 28,484

PROPERTY AND EQUIPMENT:

Equipment	<u>152,983</u>	
Total property and equipment	152,983	
Less: accumulated depreciation	<u>152,983</u>	
Net property and equipment		<u>0</u>
		<u><u>\$ 28,484</u></u>

THE FITNESS CENTER, INC. (an S Corporation)
STATEMENT OF ASSETS, LIABILITIES, AND STOCKHOLDER'S EQUITY - TAX BASIS
DECEMBER 31, 2014

LIABILITIES AND STOCKHOLDER'S EQUITY

STOCKHOLDER'S EQUITY:

Common stock, \$1.00 par value, 100 shares, issued and outstanding	\$ 100	
Retained earnings	<u>28,384</u>	
		<u>\$ 28,484</u>
		<u><u>\$ 28,484</u></u>

THE FITNESS CENTER, INC. (an S Corporation)
STATEMENT OF REVENUES, EXPENSES, AND RETAINED EARNINGS - TAX BASIS
FOR THE YEAR ENDED DECEMBER 31, 2014

REVENUE	
Income	\$ 132,331
TOTAL OPERATING EXPENSES	<u>115,560</u>
NET INCOME	16,771
RETAINED EARNINGS:	
Beginning	14,237
Less: Shareholder's Distribution	<u>2,624</u>
Ending	<u><u>\$ 28,384</u></u>

See Accountants' Compilation Report.

SUPPLEMENTARY INFORMATION

THE FITNESS CENTER, INC. (an S Corporation)

**STATEMENT OF REVENUES, EXPENSES, AND RETAINED EARNINGS - TAX BASIS
FOR THE YEAR ENDED DECEMBER 31, 2014**

Accounting and legal	\$	815
Advertising		653
Auto and truck cost		2,049
Background check		1,309
Computer costs		1,272
Continuing education		3,901
Depreciation		26,081
Donations		1,199
Dues & subscriptions		197
Employee benefits		1,714
Entertainment and promotion		1,016
Insurance		4,222
Laundry		600
Office supplies		1,823
Outside contracted services		53,316
Professional memberships		497
Repairs and maintenance		4,732
Seminar		817
Storage		1,866
Supplies		3,243
Telephone		2,408
Travel		1,830
		<hr/>
Total Operating Expenses	\$	<u>115,560</u>