FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

H53482 **DOCUMENT #**

(6)

SUNCOAST MASSAGE THERAPY CENTER, P.A.

Principal Place of Business

3619 W. KENNEDY BLVD.

Mailing Address

3619 W. KENNEDY BLVD. TAMPA FL 33609-2801



		04/26/1995
g Address	4. FEI Number 59-2683555	Applied For Not Applicable
Apt. #, etc.	5. Certificate of Status Desired [\$8.75 Additional Fee Required
S State	Election Compaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	This corporation has liability for inta Florida Statutes Yes	□ No
	10. Name and Address of New Reg	jistered Agent
B1 Name:	man and the second control of the second con	
82 Street Add	dress (P.O. Box Number is Not Acceptable)	
63	All markets and the second sec	
84 City		FL 85 Zip Gode
į	30 30 81 Name 82 Street Add 83 84 City	5. Certificate of Status Desired 8 State 6. Election Campaign Financing Trust Fund Contribution Country 30 8. This corporation has liability for inte Florida Statutes 10. Name and Address of New Reg 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83

or registered agent, or both, in the State of Florida Scatton 607.0505. Florida Statutes, familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

SIGNATURE _	gnature, byted or printed have of registerial agent as if the it agent at to	(NOTE Fuggetored Agent squarture to per	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS		Change Addition
TITLE	PD DOLE		
NAMÉ	SPASSOFF, ALEX R.	1.2 NAME	
STREET ADDRESS	3619 SANTIAGO ST	1.3 STREET ADDRESS	
CITY-ST-ZIF	TAMPA FL	14 CP v - ST - ZIP	Change Addition
THTLE	VPO DELE		
NAME	MOORE, DENISE	2.2 NAME	
STREET ADDRESS	3619 SANTIAGO STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	☐ DEL	ETE 3 1 TIPLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADORESS	
		3.4 CITY S1 - ZIP	Change Addition
CITY - ST - ZIP	□ D£L	ETE 4 1 TIFLE	C cualds C voorgon
		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CHY - ST - ZIP	
CITY-ST-ZIP	[] DE		Change Addition
TITLE		5.2 NAME	
NAME		5 3 STREET ADDRESS	
STREET ADDRESS		54 CITY - ST - ZIP	
CITY-ST-ZIF	DE		Change Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADORESS			
CITY-ST-ZP		£ 4 CHY-ST 70F	ity for the exemption stated in Section 119.07(3)(k), Florida Statutes I further

14. I do hereby certify that the information supplied wift, this fling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certific that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certific that the information indicated in the same legal effect as if made under certification in the same legal effect as if made under certific that the information indicated in the same legal effect as if made under certificities in the same legal effect as if made under certificities in the same legal effect as if made under certificities in the same legal effect as if ma

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