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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H53482 (6)

1. Corporation Name
**SUNCOAST MASSAGE THERAPY CENTER, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3619 W. KENNEDY BLVD.<br>TAMPA FL 33609-2801 | 3619 W. KENNEDY BLVD.<br>TAMPA FL 33609-2801 |

3. Date Incorporated or Qualified: 04/17/1985
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 2906-A Bay To Bay Blvd
22 Suite, Apt. #, etc.
23 City & State: TAMPA FL
24 Zip: 33629-8113
25 Country: USA

2a. Mailing Address
26 2906-A Bay To Bay Blvd
27 Suite, Apt. #, etc.
28 City & State: TAMPA FL
29 Zip: 33629-8113
30 Country: USA

4. FEI Number: 59-2683555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SPASSOFF, ALEX R.
3619 W. KENNEDY BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2906-A Bay To Bay Blvd
83
84 City: TAMPA FL 85 Zip Code: 33629

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SPASSOFF, ALEX R. | | 1.2 NAME | | |
| STREET ADDRESS | 3619 SANTIAGO ST | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| 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 | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] ALEX R. SPASSOFF 4/23/97