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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V15337 (1)  1. Corporation Name  MYOTHERAPY-MASSAGE GROUP OF PALM BEACH, INC.  Principal Place of Business  Mailing Address									
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2 HARVARD #200	CIR CIRCLE		2 HARVARD CIR STE 200			1			
	ICH FL 33409		W. PALM BEACH FL	33409		3. Date Incorporated or Qualified	3a. Date o	of Last Bo	nort
			US			02/20/1992		/09/199	
Dringinal Dia	ace of Business	2	a, Mailing Address			4, FEI Number	1 00	<del></del>	pplied For
· •		26	1 -			65-0313129		L	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
27						3, Ge Pilistin of States Section			Required
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Coun!		L	Cou	ntry	8. This corporation has liability for	intangible tax	under s	199.032,
]	25	29	1	30			. □No		
	g. Name and Addr	ess of Current Reg	istered Agent			10. Name and Address of New F	Registered A	gent	
					81 Name				
PAPENDICK, JONATHAN CHARLES					82 Street Add	ress (P.O. Box Number is Not Acceptat	ile)		
931 VILLAGE BLVD.					83		·		
SUITE 9					63				
W PALA	I BEACH FL 33409				<b>84</b> City		FL	85 Zip	Code
4 Discussoft	the provisions of Sec	tions 607 0502 and 6	27. 1509. Flooda Statut	tes the abo	e named como	oration submits this statement for the pu ard of directors. I hereby accept the app	rnose of char	LL naina its re	eastered office
2.	Signature: Type I or printed mai	e Chagadered specialist the OFFICERS AND DIRI	CIORS	13.	Agrid signature reser	ed when receivabilight  ADDITIONS/CHANGES TO OFF			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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 attantiment with an address.

SIGNATURE:

SIGNATORE AND TYPED OR PRINTED NINE OF SIGNING OFFICER OR PRINTED TO