

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 555147 (8)

1. Corporation Name

MCMANUS PAIN AND BODY SHOP, INC.



Principal Place of Business

929 W. LANCASTER RD
ORLANDO FL 32809
US

Mailing Address

929 W LANCASTER RD
ORLANDO FL 32809
US

3. Date Incorporated or Qualified
12/12/1977

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 929 W. Lancaster Rd
Suite, Apt. #, etc.

26 929 W. Lancaster Rd
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando FL
Zip: 32809 Country

28 Orlando FL
Zip: 32809 Country

24 32809

29 32809

30

4. FEI Number

59-1772398

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

10. Name and Address of New Registered Agent

C S MCMANUS
929 W LANCASTER RD
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

C. S. McManus
Signature, typed or printed name of registered agent and title if applicable

Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-11-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCMANUS, CAMBRIDGE S
STREET ADDRESS 929 W LANCASTER RD
CITY-STATE-ZIP ORLANDO, FL 00000

TITLE STD
NAME MCMANUS, N MAURINE
STREET ADDRESS 929 W LANCASTER RD
CITY-STATE-ZIP ORLANDO, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 attachment with an address.

SIGNATURE: Cambridge S. McManus Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-11-96 4078517071
Daytime Phone #

CR2E034 (12/95)