FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jun 18 1998 8:00am
Secretary of State

DOCUMENT # **555147** **(8)**

1. Corporate 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1977

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. Is corporation owes or has paid the current year Intangible Personal Property Tax (due June 30) [ ] Yes [ ] No

2. Principal Place of Business
21 929 W. Lancaster, Rd.
Suite Apt. # etc.
22
City & State
23 Orlando Fl.
Zip 24 32809 County 25 Orange

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
C S MCMANUS
929 W LANCASTER RD
ORLANDO FL 32809

out of sight
out of mind
my mistake L.S.

10. Name and Address of New Registered Agent
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 [illegible] the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation as changed, are as follows: [illegible]

SIGNATURE C. S. McManus Pres. 6-15-98
Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	MCMANUS, CAMBRIDGE S	
STREET ADDRESS	929 W LANCASTER RD	
CITY ST ZIP	ORLANDO, FL 00000	
TITLE	STD	[ ] DELETE
NAME	MCMANUS, N MAURINE	
STREET ADDRESS	929 W LANCASTER RD	
CITY ST ZIP	ORLANDO, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve 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 of this report or in my attached letter.

SIGNATURE C. S. McManus 6-15-98 H98000277871

CR2E034 (10/97)