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 # **J31214** **(6)**

1. Corporation Name

HUDSON THERAPEUTIC MASSAGE CENTER, INC.

Principal Place of Business	Mailing Address
8209 S.R. 52 HUDSON FL 34667	8209 S.R. 52 HUDSON FL 34667

3. Date Incorporated or Qualified: **09/02/1986**
3a. Date of Last Report: **05/12/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **59-2760188** ☐ 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

CRAVEN, SHARON
8209 SR 52
HUDSON FL 34667

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 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, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CRAVEN, SHARON	
STREET ADDRESS	8209 SR 52	
CITY-ST-ZIP	HUDSON FL	
TITLE	SD	☐ DELETE
NAME	PIERCE, AWANDA	
STREET ADDRESS	14810 AUBREY AVE	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	DC	☐ DELETE
NAME	CRAVEN, SHARON	
STREET ADDRESS	8209 SR 52	
CITY-ST-ZIP	HUDSON FL	
TITLE	DVP	XX DELETE
NAME	MCMASTER, FRIEDA	
STREET ADDRESS	12406 WEATHER STONE ROW	
CITY-ST-ZIP	BAYONET POINT FL	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DVP	☐ Change ☐ Addition
4.2 NAME	McMaster, Frieda	
4.3 STREET ADDRESS	12406 Weather Stone Row	
4.4 CITY-ST-ZIP	Baynet point, Fl.	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: x Sharon Craven Sharon Craven x 4/2/96 (813)863-4429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #