

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90289 001 \*\*\*\*50.00  
04-02-2004 90289 002 \*\*\*\*\*5.00

**DOCUMENT # L03000015094**

1. Entity Name  
**HEALTH CARE MASSAGE THERAPY CLINIC, LLC**



Principal Place of Business  
2191 JULIAN AVENUE NE, STE. #3  
PALM BAY, FL 32905

Mailing Address  
2191 JULIAN AVENUE NE, STE. #3  
PALM BAY, FL 32905

**34003739**



2. Principal Place of Business  
**2000 ARLINGTON PINES PLAZA**

3. Mailing Address  
**2000 ARLINGTON PINES PLAZA**

Suite, Apt. #, etc.  
**SUITE # 4**

Suite, Apt. #, etc.  
**SUITE # 4**

City & State  
**PALM BAY, NE FL**

City & State  
**PALM BAY, NE FL**

04152004 Chg-LLC CR2E083 (10/03)

Zip  
**32905**

Country  
**US**

Zip  
**32905**

Country  
**US**

4. FEI Number  
**13-4249768**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TWITCHELL, ANDREA P**  
**206 MELBA AVE. NW**  
**PALM BAY, FL 32907**

7. Name and Address of New Registered Agent

Name  
**ANDREA P. TWITCHELL**

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

**2000 ARLINGTON PINES PLAZA, Suite #4**

City  
**PALM BAY, NE**

FL

Zip Code  
**32905**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrea P. Twitchell* **ANDREA P. TWITCHELL - (MANAGER)**

**4-15-04**

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER**  
**ANDREA P. TWITCHELL**  
**206 MELBA AVE. NW**  
**PALM BAY, FL 32907** ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Andrea P. Twitchell* **ANDREA P. TWITCHELL - MANAGER**

**4-15-04 (321) 266-2387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #