



FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90412 027 ***150.00

DOCUMENT # L68988 1. Entity Name LICENSED MASSAGE THERAPY INC.				Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90412 027 ***150.00	
Principal Place of Business 6700 WINKLER ROAD STE 1 8N FT MYERS FL 33919 US		Mailing Address 6700 WINKLER ROAD STE 1 8N FT MYERS FL 33919 US		 MOORE CR2E034 (11/03)	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0208096 Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent GRIFFITHS, DARLAJEAN M 9190 SOUTH MONT COVE #103 FORT MYERS FL 33908	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4013 S.E. 2ND AVE. City CAPE CORAL FL Zip Code 33904	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME GRIFFITHS, DARLAJEAN M STREET ADDRESS 9190 SOUTH MONT COVE #103 CITY-ST-ZIP FORT MYERS FL 33908			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Darlan M. Griffiths DARLAJEAN M. GRIFFITHS 3-26-04 (239) 481-5033 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					