


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 15 AM 10:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE															
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000483 AUBURNDALE MESSAGE THERAPY CLINIC, L.C. 105 PARK STREET WEST 107 SHELBY ST. AUBURNDALE FL 33823		1a. Principal Place of Business Address 105 PARK STREET WEST 107 SHELBY ST. AUBURNDALE FL 33823															
2. Principal Place of Business 107 SHELBY ST. Suite, Apt. #, etc. City & State AUBURNDALE, FL Zip 33523 Country POLK		2a. Mailing Address 107 SHELBY ST. Suite, Apt. #, etc. City & State AUBURNDALE, FL Zip 33523 Country POLK		3. Date Organized or Qualified 09/21/1994 3a. State of Formation FL 4. FEI Number 59-3269157 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 04/27/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent YOUNG, JOAN C 105 PARK STREET WEST 107 SHELBY ST. WEST AUBURNDALE FL 33823			8. Name and Address of New Registered Agent/Office Name Auburndale Massage Therapy Clinic, L.C. YOUNG, JOAN C. Street Address (P.O. Box Number is Not Acceptable) 107 Shelby St. Suite, Apt. #, etc. City Auburndale Zip Code FL 33823														
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																	
SIGNATURE <u>Joan C Young</u> <small>Registered Agent Accepted Appointment (NOTE: Registered Agent signature required when requesting change)</small>			DATE <u>3-11-99</u>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>YOUNG, JOAN C</td> <td>906 CRESTVIEW DRIVE</td> <td>AUBURNDALE FL</td> </tr> <tr> <td>MGRM</td> <td>YOUNG, CURTIZ E</td> <td>906 CRESTVIEW DRIVE</td> <td>AUBURNDALE FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	YOUNG, JOAN C	906 CRESTVIEW DRIVE	AUBURNDALE FL	MGRM	YOUNG, CURTIZ E	906 CRESTVIEW DRIVE	AUBURNDALE FL
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3000002814593-3 -03/22/99--01157--019 ****188.75 ****188.75 56 3-19-99																	
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.																	
SIGNATURE: <u>Joan C Young</u> <small>SIGNATURE AND AFFIDAVIT OF FIDELITY OF MANAGING MEMBER OR MANAGER REQUIRED</small>																	