2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400003415

Country

1. Entity Name

Suite, Apt. #, etc.

City & State

Zip

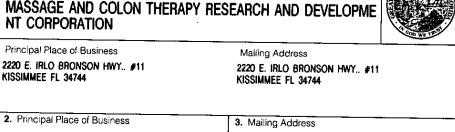


Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90180 018 ****61.25

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MASSAGE AND COLON NT CORPORATION	THERAPY	RESEARCH	AND	DEVELO	PME

6. Name and Address of Current Registered Agent



Suite, Apt. #, etc.

City & State

Zip



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3298850 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

WOOD, HELEN M 2220 E. IRLO BRONSON HWY., #11 KISSIMMEE FL 34744

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

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.

Country

Name

City

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Zip Code

10.	OFFICERS AND DIRECTORS		T.,	1001710				
TITLE	PD		11.		NS/CHANGE	ES TO OFFICERS AND D		
NAME	WOOD, HELEN M	Delete	TITLE	P S T	(y)		☐ Change	Addition
STREET ADDRESS	2220 E. IRLO BRONSON MEM. HWY		NAME					
CITY-ST-ZIP	KISSIMMEE FL 34744		STREET ADDRESS					
TITLE	n		-			 .		
NAME	WOOD, JOSEPH E	☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS	2220 E. IRLO BRONSON HWY.	ĺ	NAME					{
CITY-ST-ZIP	KISSIMMEE FL 34744		STREET ADDRESS					
	D D		CITY-ST-ZIP					ľ
TITLE NAME	IT	☐ Delete	TITLE	= <u>-</u>		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
STREET ADDRESS	TROTTA, THOMAS		NAME					_ 1
CITY-ST-ZIP	2964 SOUTHFIELD DR		STREET ADDRESS					
	ORLANDO FL 32837		CITY-ST-ZIP					i
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP					1
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NAME			NAME			•	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 617, 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:

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