


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90137 026 \*\*\*150.00

**DOCUMENT # P01000078176**

1. Entity Name  
**NATIONAL MEDICAL MASSAGE GROUP, INC.**



Principal Place of Business  
**620 CLAYTON AVE  
LEHIGH ACRES FL 33936**

Mailing Address  
**620 CLAYTON AVE  
LEHIGH ACRES FL 33936**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-1127702**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BOWERS, ROBERT L  
23 COLORADO ROAD  
LEHIGH ACRES FL 33936**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>SAFFRON, MELISSA</b>	
STREET ADDRESS	<b>620 CLAYTON AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	<b>DVT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEBLANC, LEE</b>	
STREET ADDRESS	<b>620 CLAYTON AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Melissa Saffron* **SIGNATURE REQUIRED** *President 1-6-03 (941)369-3760*

Signature and typed or printed name of signing officer or director Date Daytime Phone #

30014373



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)