

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030868

FILED  
Apr 17, 2005  
Secretary of State

**Entity Name:** COMPREHENSIVE MASSAGE THERAPY, P.A.

**Current Principal Place of Business:**

1101 N. CONGRESS AVE.  
SUITE 207  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1101 N. CONGRESS AVE.  
SUITE 207  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 27-0005651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEENAN-KINCAID, JACQUELINE  
18 HEATHER COVE DRIVE  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES ( ) Delete  
**Name:** KEENAN-KINCAID, JACQUELINE P MS.  
**Address:** 18 HEATHER COVE DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JACQUELINE KEENAN- KINCAID

PRES

04/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date