FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P02000 5 5930 I. Entry Name Lake - Som for Mass age + Therapeutic Services - Inc. DO NOT WRITE IN THIS SPACE 2. Principal Pace of Business II 247 U.S. Hay301 Sulfs, Apt. #, etc. City & State OX FOR CL City & State OX FOR CL City & State DO NOT WRITE IN THIS SPACE Sure Address of Current Registered Agent TO SULF Address of Current Registered Agent TO SULF Address of Current Registered Agent Sure Address of Current Registered Agent Sure Address of Current Registered Agent Sure Address of Current Registered Agent TO SULF Address of Current Registered Agent Sure Address of Current Registered Agent TO Sure Address of Current Registered Agent Sure Address of Current Registered Agent Sure Address of Current Registered Agent To Sure Address of Current Registered Agent To Sure Address of Current Registered Agent Sure Address of Current Registered Sure Address of Current Registered Sure Address of	<u> </u>	HIPOMIN BOOMEC	O ILLI OIII (_	_				
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The above named earlier submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intrangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS TITLE MAKE TRACY ZIN SIRET ADDRESS CITY-ST-ZIP TITLE MAKE SIRET ADDRESS CITY-ST-ZIP SIRTEN ADDRESS CITY-ST-ZIP TITLE MAKE SIRTEN ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE	Zip	Country	Zip C	Country	5. C			ial	
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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. SIGNATURE Signature Type or printed name of registered fact and real a speciation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1.		IN THIS SPA	ACE	8170	lies-	trices Cin N.			
SIGNATURE Signature, typed or printed name of repertised bent and refer applicable. 9. This corporation is eligible to satisfy its Immangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. DIRECTORS 12. JUNE 12.				City Wil	du	xxxxi FL	Zip Code 3478		
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13. 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 direct 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 11 or on an attachment with an address with all other like empowered.	13. I hereby control indicated of the corr	I on this report or supplemental report is tr	ue and accurate and that my s wered to execute this report as	e exemption stated in					