2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16,-2004 08:00 AM
Secretary of State

	ANNUAL	REPORT	<u> </u>	, ,	· vzhi io	9- 2 00 - 1	* C4 4
DOCUM	MENT # P020000697			Seci	retary of	State	
1. Entity Name	9						
PRO-THERAPEUTIC MASSAGE, INC.							
: 	<u>,</u>			ĺ			
Principal Place		Mailing Address					
	ARÇO BOULEVARD	1651 SAN MARCO BOULEVARD JACKSONVILLE, FL 32207	}				
JACKSONVILL	E, FE 32201	IMUNDUNVIELE, FE 32201		7 7 M M 10 m M 1 271	医破坏性 (5城) 医静脉 医圆纹 医圆纹		
			<u>*</u>				
			=				38/1331 K 1881
			03242004	No Chg-P	CR2E034 (10/03	3)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe			Applied For
				01-072			Not Applicable
			The same of the	5. Certificate	of Status Desired	\$8.75 A	
	6. Name and Address of Current Re	gistered Agent		¥		1 00 110901	
TULLIS, KI	MREDIV		~~	NIOT 187	ere' 3 seles hous		
1651 SAN	MARCO BOULEVARD	DO NOT WRITE					
JACKSON'	VILLE, FL 32207	IN THIS SPACE					

			= :	· · · · · · ·			
	named entity submits this statement for t ions of registered agent.	ne purpose of changing its register	ea office of registe	red agent, or bo	in, in the State of Fior	ida. I am Iamiliar Wil	n, and accept
SIGNATURE_	and the	man to また	- 			<u> </u>	. بمعد سر
	Signature, typed or printed name of registered agent and	title diapplicable. (NOTE Registers	ed Agent signature require	d when reinstaling)		DATE	
-	- XIAMIN	9. Election Campaign Fina	naina \$5	.00 May Be	000000	116206 80055-003 1	ເ ດ ຄຄ
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				ded to Fees	י דטינטגירט י	00000 000 1	.00.00
10.	OFFICERS AND D	RECTORS	J	<u> </u>	L		
TITLE	D THE LOCAL PROPERTY LANGE		-		••		-
NAME STREET ADDRESS	TULLIS, KIMBERLY KAY 1651 SAN MARCO BOULEVARD						
CITY-ST-ZIP	JACKSONVILLE, FL 32207	·					
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP						*	
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NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE			1	IN .	THIS SP	ACE	
NAME STREET ADDRESS				11.4		ハント	
STREET ADDRESS CITY-SI-ZIP	_			.e			
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NAME							
STREET ADDRESS CITY-ST-ZIP							• . •
TITLE	3 June 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	م <u>معطول ہے ۔ ان کے فات ہے ۔</u>	1				
NAME			1				
STREET ADDRESS					N = - m =		

12. I hereby certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 (9.4)874-934