

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90008 010 \*\*\*150.00

DOCUMENT # P03000024493

1. Entity Name

NEW AGE MASSAGE & DIAGNOSTIC, INC



Principal Place of Business

6067 HOLLYWOOD BLVD #300  
HOLLYWOOD FL 33024  
US

Mailing Address

6067 HOLLYWOOD BLVD #300  
HOLLYWOOD FL 33024  
US

2. Principal Place of Business

6363 Taft Street

Suite, Apt. #, etc.

Suite # 101

City & State

Hollywood FL

Zip

33024

Country

Broward

3. Mailing Address

6363 Taft Street

Suite, Apt. #, etc.

Suite # 101

City & State

Hollywood FL

Zip

33024

Country

Broward

- 24079141



MOORE

CR2E034 (4/04)

4. FEI Number

3310463 - 55

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COZZA, JOSEPH  
6067 HOLLYWOOD BLVD #300  
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name William Cotter

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

815 Middle River Drive

apt. # 115

City

Ft. Lauderdale

FL

Zip Code

33304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

William Cotter 7-28-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input checked="" type="checkbox"/> Delete
NAME	COZZA, JOSEPH	
STREET ADDRESS	6067 HOLLYWOOD BLVD #300	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTER, WILLIAM	
STREET ADDRESS	815 MIDDLE RIVER DR. #115	
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Cotter 7/28/04 (954) 981-7777