

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160385

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: LEE STILLSON MANUAL THERAPY, INC.

**Current Principal Place of Business:**

370 CENTER POINTE CIR.  
SUITE 1120  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161243  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

FEI Number: 20-2050965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEFKOWITZ, IVAN M  
430 N. MILLS AVE.  
ORLANDO, FL 32803 US

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

LEFKOWITZ, IVAN M  
430 N. MILLS AVE.  
SUITE 4  
ORLANDO, FL 32803 US

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

01/31/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: STILLSON, LEE  
Address: 370 CENTER POINTE CIR. SUITE 1120  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**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 exemption stated in Chapter 119, 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: LEE STILLSON

Electronic Signature of Signing Officer or Director

P

01/31/2008

Date