2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129883

PLANTATION, FL 33324

() Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

DOCUMENT# F00000129083				Secretary of State	
Entity Nar	ne: GHS MAS	SSAGE CLINIC OF TAMIAMI,	INC.		
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
14200 SW 8TH STREET SUIT # 108 & 109 MIAMI, FL 33184			SUITE #1	14200 SW 8TH STREET SUITE # 108 & 109 MIAMI, FL 33184	
Current M	ailing Addres	s:	New Maili	New Mailing Address:	
920 COCO PLUM WAY PLANTATION, FL 33324			SUITE #1	14200 SW 8TH STREET SUITE #108 & 109 MIAMI, FL 33184	
FEI Number:	Number: 86-1175310 FEI Number Applied For () FEI Number		FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Address of New Registered Agent:	
920 COCC	AN, HOWARD PLUM WAY ON, FL 33324	US			
	named entity s of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HIRSCH, GARY 920 COCO PLU PLANTATION, F	M WAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HIRSCH, GARY 14200 SW 8TH STREET #108 & 109 MIAMI, FL 33184	
Title: Name: Address:	VP () STRICKMAN, H 920 COCO PLU		Title: Name: Address:	D (X) Change () Addition STRICKMAN, HOWARD 14200 SW 8TH STREET #108 & 109	

MIAMI, FL 33184

KERN, JEROME

MIAMI, FL 33184

() Change (X) Addition

14200 SW 8TH STREET #108 & 109

City-St-Zip:

Title:

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: HOWARD STRICKMAN D 04/30/2007