2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000083538**

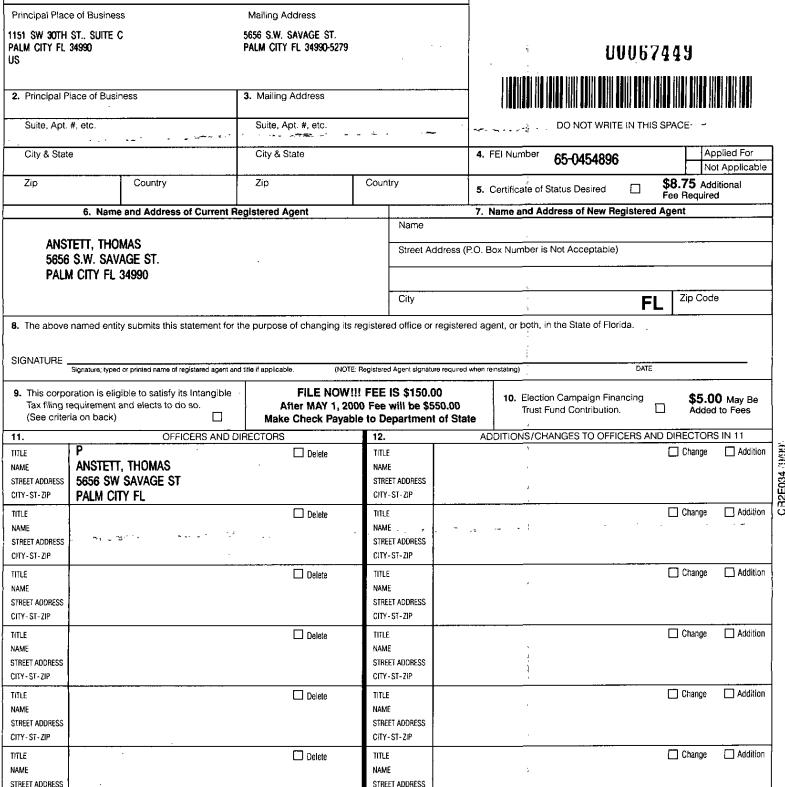
Entity Name

PROFESSIONAL CENTER FOR MASSAGE THERAPY INC.



FILED Jun 30, 2000 8:00 am Secretary of State

06-30-2000 90007 023 ***150.00



13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00

516

990 JASO

<u>,</u>

Attachment D# P9300W93538 DUU67469

June 26,2000 may Concern; To Whom I fust received our 2000 Business Report today do not understand deling uent # P93000083538 Center for Massage Therapy