SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:39

DOCUMENT # **P93000087169 (7)**

1. Corporation Name

ASSOCIATES IN MASSAGE THERAPY, INC.

Principal Place of Business	Mailing Address
8192 COLLEGE PARKWAY **SUITE 32** **FT. MYERS FL 33919**	**8192 COLLEGE PARKWAY** **SUITE 32** **FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 1700 MEDICAL LANE	26 1700 MEDICAL LANE
Suite, Apt. #, etc. 22 SUITE 123	Suite, Apt. #, etc. 27 SUITE 123
City & State 23 FT. MYERS, FL	City & State 28 FT. MYERS, FL
Zip / Country 24 33907 / 25 USA	Zip / Country 29 33907 / 30 USA

4. FEI Number: **65-0458640** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHUMANN, THELMA E **8192 COLLEGE PARKWAY** **SUITE 32** **FT. MYERS FL 33919**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME SCHUMANN, THELMA E STREET ADDRESS 8192 COLLEGE PARKWAY, SUITE 32 CITY ST ZIP FT. MYERS FL 33919	11 TITLE Pres. 12 NAME Thelma E. Schumann 13 STREET ADDRESS 1700 MEDICAL LANE, Suite 123 14 CITY ST ZIP Ft. Myers Fl. 33907 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP ☐ Change ☐ Addition

CR2E034 (395)

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thelma E. Schumann 1-22-95 941-278-3304

SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100000 CP