FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLOR:DAIDEPARIMENT OF STATE Sandra B. Mortham Secretary of State

19	96		CORPORATIONS			
DOCUME 1. Corporation Nam	ENT # P94	000024875 (4)			
•		OF THERAPEUTIC MAS	SAGE, I			
Principal Place of Br	Business	Mailing Address	A		- 	HB101 10701 0111 1001
2180 SR 3. SUI	ITE AA	2180 SR 3, SUITE A				
ST. AUGUSTINE	E FL 32084	ST. AUGUSTINE FL	32064	Date Incorporated or Qualified	3a. Date of Last I	Report
				03/31/1994	04/14/	
2. Principal Place o	of Business	2a. Mailing Address		4. FET Number		Applied For
6 1 1 1 1		Suite, Ant. #, etc.		59-3226211	\$8.7	Not Applicable 5 Additional
Suite, Apt. #. etc	G.	27		5. Certificate of Status Desired		Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	1 1	00 May Be
23	Country	28 Zip	Country	8. This corporation has liability for it	Auo	ed to Fees s 199.032,
Ζφ 24	25	29	30	Florida Statutes	□No	
	. Name and Address of Cu	urrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
				ID O. D N in No. in No. Accounts	lo)	
WILLIAMS	s, lydia 3, suite aa		82 Street Add	iress (P.O. Box Number is Not Acceptab	ne,	
	JSTINE FL 32084		83			
01.7.500	JOIN12 12 02001		84 City	1.4 (4.4)	85	Zip Code
14.5	of Continue 607	0500 and 607 1609. Florida Statu	tos the above named corro	oration submits this statement for the pur	Toose of changing its	s registered office
or registered a	ne provisions of Sections 607, agent, or both, in the State of	Plorida, Such change was authoric Coat on 607 0606, Florida Statuto	zed by the corporation's box	oration submits this statement for the pur and of directors. Thereby accept the appoint	ointment as registere	ed agent I am
OLONIATI (CE			3			
SIGNATURE Signal	at relityped as profed natives frequete is		Of EliPa grabine fl Agend Segout i te recom	et when ranstating! ADDITIONS/CHANGES TO OFF	DATE ICE AS AND DIREC	TORS IN 12
TITLE		S AND DIRECTORS	13.	ADDITIONS OF FAMOUS TO OTT	Change	
NAME	D Williams, Lydia		1.2 NAME			
STREET ADDRESS	2180 SR 3, SUITE AA		1.3 STREET ADDRESS			
CiTY-S1-ZiP	ST. AUGUSTINE FL 32	084	1.4 CiTY - \$T - Zi ²		Chang	e 🗍 Addition
TITLE		☐ DELETE	2 1 TIFLE 2 2 NAMÉ		_ Griding	, [] ((33))
NAME STREET ADDRESS			2.3 STREET ADDRESS			
CITY - S1 - ZIP			2 4 CITY ST-ZIP		F-1 0	FT AAPE.
TITLE		DETELE	3 1 Title		☐ Chang	e 🗌 Addition
NAME			3.2 NAME 3.3 STHEET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELF1E	4 TITLE		Chang	ge. Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY ST-ZIP			
CITY-ST-ZIP TITLE		□ ĐĒLĒTĒ	5 1 TIPLE		Chang	ge 🔲 Addition
NAME		 -	5.2 NAME			
STREET ADDRESS			5 3 STHEET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP 6.1 TITLE		Chang	ge Addition
TITLE		[] Deterit	6 2 NAME		<u></u>	`
STREET ADDRESS			63 STHEET ADDRESS			
CITY OF TIP			64 City - ST - ZiP	-,	07/0/11 51-11 51	st dog 14.4
14. I do hereby co				for the exemption stated in Section 119 trate and that my signature shall have the		
oath: that I ac	n) an officer or director of the	corporation or the receiver or trusted, or on an attachment with an art	tee empowered to execute i	his report as required by Chapter 607, F	ilorida Statutes; and	that my name
appears in bid	IOUR 12 OF DIOUR 13 IF CHAINGS	A, Or City Ort Category Holes it visite i dirt del		1 - 1001 -	د روما - ۶	לפים פיל
SIGNATU	IRE: VAGA	ra William	- Core on purceases	5-10-96 900	File of a Pro	00e#
	SIGN TURE AND TY	PEU OH PHINTED NAME OF SIGNING OFF	CER OR DIRECTOR	1 MIC	west years and the	