

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worland
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:02

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063684 (2)

1. Corporation Name

BODYWORK THERAPIES, INC.

Principal Place of Business

Mailing Address

~~888A NW 23 AVE~~ below
GAINESVILLE FL 32609

~~888A NW 23 AVE~~ below
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/25/1994

4. FEI Number

59-3264619

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

7. This corporation has liability for intangible tax under S. 190.039
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5618-B NW 43rd St.

27 SAME

Suite Apt # etc.

Suite Apt #, etc.

22

27

City & State

City & State

23 Gainesville, FL

28

Zip

Zip

24 32653

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLMSTEAD, GINNAN
RT. 2 BOX 83
ALACHUA FL 32615

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

G. Olmstead

1/25/95

Signature of person appointed agent and the corporation

Signature of person appointed agent or registered office (if changing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT
NAME	GINNAN OLMSTEAD
STREET ADDRESS	RT 2 BOX 83
CITY, ST, ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.039, Florida Statutes. I further certify that the information was filed for the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if such officer or director of the corporation or the receiver or liquidator prepared for execution this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or as an addition with an address.

SIGNATURE:

G. Olmstead

GINNAN OLMSTEAD, 1/25/95, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR