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FILED
Apr 17, 2003 8:00 am
Secretary of State

2003	FOR	PROFIT (CORPORAT	ΓΙΟΝ
UNIFO	RM E	USINESS	REPORT	(UBR

P94000071716

DOCUMENT #

Entity Name
 NEURO MASSAGE THERAPISTS, INC.

NEONO MACCACE PIENA IOTO, INO.								
Principal Place of Business 1900 GLADES ROAD STE #100 BOCA RATON FL 33431 US 2. Principal Place of Business		Mailing Address 1900 NW CORPORATE BI 300 W BOCA RATON FL 33431 US 3. Mailing Address	1900 NW CORPORATE BLVD 300 W BOCA RATON FL 33431 US					
<u> </u>								
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	G CHANGES	3	
City & Sta	te	City & State			4. FEI Number 65-0534090	├	applied For]
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	\$8.75 AC	lot Applicable	┪
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and Address of New Registered	Fee Requir	ed	-
	U. Name and Address of Curre	nt riegistered Agent		Name -	7. Name and Address of New Yorkstelea	-		1
PRUDEN,	JAMES		-	Otto at talle	(DO Bould and a New Assessments)			4
	AMINO GARDENS BLVD			Street Address ((P.O. Box Number is Not Acceptable)			1
# 201	· • • • • • • • • • • • • • • • • • • •		•					7
	TON FL 33432		•	City		Zip Co	de .	-
~~	·				<u>Fl</u>	<u>- 1</u>		
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	d office or register	red agent, or both, in the State of Florida. I am	familiar with	, and accept	
ano oonga	de la regionale agenti.							
SIGNATURE	Signature, typed or printed name of registered ag	TOW eldesigned in the ten	F: Registered	Agent signature required	d when reinstating) DATE			
		and allo dile il applicable.	E. Hogistereo	Agent algricule require	The state of the s			4
	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0	n l			9. Election Campaign Financing	\$5.	00 May Be	
	k Payable to Florida Department				Trust Fund Contribution.	☐ Adde	ed to Fees	
10.		L L L L L L L L L L L L L L L L L L L	11,		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 11	-
TITLE ,	P	Delete	TITLE		7,0011107107107107110211071111	☐ Change	☐ Addition	18
NAME -	BROWN, GARY	CLD DGIOLD	NAME					CR2E034 (10/02)
STREET ADDRESS	1900 NW CORPORATE BLVD :	#300 W	STREE	ET ADDRESS				¥
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-	ST-ZIP] <u>ji</u>
TITLE		☐ Delete	TITLE			☐ Change	Addition	78
NAME .			NAME					~
STREET ADDRESS				T ADDRESS				
CITY-ST-ZiP			_	ST-ZIP	and the same of th			-
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NAME STREET ADDRESS	ž		NAME	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
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STREET ADDRESS		•		T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
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NAME			NAME			-		}
STREET ADDRESS				T ADDRESS				
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TITLE		☐ Delete	TITLE	f		☐ Change	Addition	
NAME			NAME	i i				
STREET ADDRESS				T ADDRESS				

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an addresse with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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