


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000011516</u>					
1. Corporation Name <u>Healing Hands MASSAGE Therapy, Inc.</u>					
Principal Place of Business <u>2820 JACANA CT</u> <u>Longwood, FL</u> <u>32779</u>			Mailing Address		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <u>02-10-95</u>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report	
City & State 23		City & State 28		4. FEI Number <u>59-3297813</u>	
Zip 24		Country 25		Applied For Not Applicable	
Country 29		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <u>William F. Poole IV, Esquire</u> <u>644 West Colonial Drive</u> <u>Orlando, FL 32804</u>			10. Name and Address of New Registered Agent 81 Name <u>Jennifer M. Gibson</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>2820 JACANA CT</u> 83 <u>FL</u> 84 City <u>LONGWOOD</u> 85 Zip Code <u>32779</u>		
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 <u>Jennifer M. Gibson</u> DATE <u>5/31/97</u>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <u>Jennifer Gibson, Pres</u>					
1.3 STREET ADDRESS <u>2820 JACANA CT.</u>					
1.4 CITY-ST-ZIP <u>Longwood, FL 32779</u>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
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5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 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: <u>Jennifer Gibson, Pres</u> DATE <u>4/29/97</u> 502-776-6500					

CR2E034 (9/96)