

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90021 021 ***150.00

A0053400



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000018633

1. Entity Name
CLINICAL TOUCH MASSAGE, INC.

Principal Place of Business
806 VERONA ST
STE 4
KISSIMMEE FL 34742
US

Mailing Address
PO BOX 156
INTERCESSION CTY FL 33848
US

2. Principal Place of Business
316 N. JOHN YOUNG PKWY
Suite, Apt. #, etc.
SUITE 12
City & State
KISSIMMEE FL 34741
Zip
34741
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3310064
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOYD, ADELE M
5068 HEATHERSTONE DR
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELE M BOYD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/14/01 (407) 847-5349
Date
Daytime Phone #