

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

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT AMERICAN CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **POS00002260256**
1. Corporation Name
Therapeutic Bodyworks Inc

Principal Place of Business
**1125 NE 125 ST #100
N MIAMI FL 33141**

Mailing Address
**12864 BISCAYNE BLVD #156
N MIAMI FL 33181**

2. Principal Place of Business 21 SEE ABOVE		2a. Mailing Address 26 SEE ABOVE		3. Date Incorporated or Qualified 4-4-95	3a. Date of Last Report 1997
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0572419	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		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

**SUSAN HEALY
750 ZORN AVE, #3
LOUISVILLE, KY 40206**

10. Name and Address of New Registered Agent

81 Name **DR. MICHAEL S. WENDROW**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **12864 BISCAYNE BLVD, #156**
84 City **N. Miami** FL 85 Zip Code **33181**

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 to 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 agree to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE **DR. MICHAEL S. WENDROW** DATE **07-07-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE OWNER <input checked="" type="checkbox"/> DELETE	11 TITLE OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE OWNER	11 TITLE OWNER
NAME SUSAN HEALY	12 NAME DR. MICHAEL S. WENDROW	12 NAME DR. MICHAEL S. WENDROW	12 NAME DR. MICHAEL S. WENDROW
STREET ADDRESS 750 ZORN AVE #3	13 STREET ADDRESS 12864 BISCAYNE BLVD, #156	13 STREET ADDRESS 12864 BISCAYNE BLVD, #156	13 STREET ADDRESS 12864 BISCAYNE BLVD, #156
CITY-ST-ZIP LOUISVILLE, KY 40206	14 CITY-ST-ZIP N. MIAMI, FL 33181	14 CITY-ST-ZIP N. MIAMI, FL 33181	14 CITY-ST-ZIP N. MIAMI, FL 33181
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CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP
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STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP	64 CITY-ST-ZIP	64 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, or in an attachment with an address.

SIGNATURE: **DR. MICHAEL S. WENDROW** DATE **07-07-97**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)