2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600001499 May 16, 2000 8:00 am Secretary of State 1. Entity Name A HEALING TOUCH THERAPEUTIC MASSAGE, INC. 05-16-2000 90134 017 ***150.00 ----Mailing-Address Principal Place of Business 27725 OLD 41 ROAD, SUITE 189 /0/ 27725 OLD 41 ROAD, SUITE 1920 / 21 / BONITA SPRINGS FL 34135-5679 BONITA SPRINGS FL 34135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ۱۵۱ 101 Applied For City & State City & State 4. FEI Number 65-0633782 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name المعترية الرسوم يعتد THOMAS, TAMARA M Street Address (P.O. Box Number is Not Acceptable) 27725 OLD 41 ROAD, SUITE 189 /0/ **BONITA SPRINGS FL 34135** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE THOMAS, TAMARA M NAME NAME STREET ADDRESS 27723 OLD 41 ROAD SUITE 10\$ STREET ADDRESS CITY-ST-ZIE **BONITA SPRINGS FL** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE [] Change Addition ☐ Delete TITLE TITLE DESCRIPTION OF SAME AND NAME NAME 进口语 萨纳斯克 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Samura Thomas D Pres Dent

4/24/2000

741-428-9885

Daytime Phone #