

4-28-98 B 3748 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000070468 (9)

1. Corporation Name  
THERASSAGE, P.A.

Principal Place of Business

15401 GULF BLVD  
MADEIRA BCH FL 33708  
US

Mailing Address

15401 GULF BLVD  
MADEIRA BCH FL 33708  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

59-3397931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30, ☐ Yes ☐ No

2. Principal Place of Business

21 ~~MADEIRA~~  
Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

REISSMAN, MARSHALL G  
4801 WEST KENNEDY BLVD. STE 307  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name SHANNON REISSMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
15401 GULF BLVD  
83 MADEIRA BEACH  
84 City FL 85 Zip Code 33708

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 SHANNON REISSMAN

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9 April 98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME REISSMAN, SHANNON M  
STREET ADDRESS 112 - 124TH AVENUE  
CITY-ST-ZIP TREASURE ISLAND FL 33708

TITLE D  
NAME HASIAK, TRUDY  
STREET ADDRESS 1433 BELCHER ROAD SO STE 11A  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

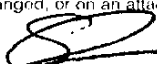
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:



SHANNON REISSMAN

9 April 98

(813)

391-1000

CR2E034 (10/97)