



P96000086297
Melbourne
Massage
Therapy, Inc.

300 E. Strawbridge Avenue, Melbourne, FL 32901

(407) 956-BACK(2225)

Fax 956-2225

7/22/02

STATE OF FLORIDA
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

300006765173--4
-07/30/02--01060--007
****157.50 *****35.00

300006765173--4
-07/30/02--01060--008
*****26.25 *****8.75

MADAM/SIR:

PLEASE FIND ENCLOSED:

1. STATEMENT OF CHANGE
OF REGISTERED OFFICE/AGENT \$3500 + \$8.75 cert. fee
2. RESIGNATION OF REGISTERED AGENT \$87.50 + 8.75 cert fee
3. OFFICER/DIRECTOR RESIGNATION \$3500 + 8.75 cert fee

CB # 1961
7/22/02

\$157.50

CB # 1962

+ 26.25

cert fees.

Thank you,
S. Christine Charles, LMT
OWNER/DIRECTOR

PLEASE SEND CERTIFICATIONS TO
ADDRESS SHOWN ON LETTERHEAD.

Thanks! ac 8-6
off/dir.

FILED
2002 JUL 30 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

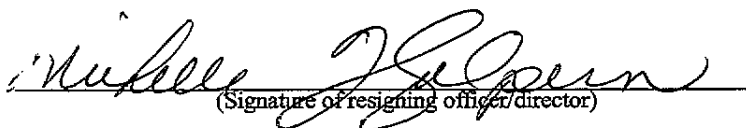
OFFICER / DIRECTOR RESIGNATION

I, MICHELLE F. GALPERN, hereby resign as DIRECTOR
(Title)

of MELBOURNE MASSAGE THERAPY, INC.,
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA