

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90052 043 ***150.00

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DOCUMENT # P96000099976

1. Corporation Name

PROFESSIONAL TOUCH THERAPEUTIC MASSAGE CENTER, P
.A.

Principal Place of Business

10022 S FEDERAL HWY
SUITE 16
PT ST LUCIE FL 34952
US

Mailing Address

10022 S FEDERAL HWY
SUITE 16
PT ST LUCIE FL 34952
US

2. Principal Place of Business

21 1846 SE PORT ST LUCIE
BLVD

Suite, Apt. #, etc.

22

City & State

23 PORT ST. LUCIE FL

Zip

24 34952

Country

25 USA

2a. Mailing Address

26 P.O. Box 9434

Suite, Apt. #, etc.

27

City & State

28 PORT ST LUCIE FL

Zip

29 34985-9434

Country

30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

59-3415463

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 the current year Intangible

Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

BLANKEN, PAUL F
10022 S FEDERAL HWY
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81

Name

PAUL F. BLANKEN

82

Street Address (P.O. Box Number is Not Acceptable)

1846 SE PORT ST LUCIE BLVD

83

84

City

PORT ST LUCIE

FL

85

Zip Code

34985

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 PAUL F. BLANKEN PAUL F. BLANKEN PRESIDENT

1/5/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BLANKEN, PAUL F

STREET ADDRESS 773 SW BELMONT CIR

CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: PAUL F. BLANKEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

398-2400
(561) 336-9013

Daytime Phone #

CR2E034 (1/198)