

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90001 041 ***150.00

DOCUMENT #P97000021144

1. Entity Name

Healthtouch Bodywork Systems, Inc.

825860

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2265 Lee Road

3. Mailing Address
2265 Lee Road

Suite, Apt. #, etc.
Suite 221

Suite, Apt. #, etc.
Suite 221

DO NOT WRITE IN THIS SPACE

City & State
Winter Park, Florida

City & State
Winter Park, Florida

4. FEI Number
593427630

Applied For
Not Applicable

Zip
32789

Country
Orange

Zip
32789

Country
Orange

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Catherine E. Davey

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

Suite 200

City
Maitland

FL

Zip Code
32751

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

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

(NOTE: Registered Agent signature required when reinstating)

2/20/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Barbara R. Nelen 612 Grove Ct. Maitland, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara R. Nelen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
Date

407-599-0200
Daytime Phone #

CR2E034B (12/01)