2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 08:00 A DOCUMENT # P97000063990 Secretary of State 1. Entity Name CALL DOC, MASSAGE THERAPY, INC. Principal Place of Business Mailing Address 100 S DIXIE HWY. 100 S DIXIE HWY #209 STE. 209 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 No Chg-P CR2E034 (11/05) 03172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0771652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRIEF, DANNY M DO NOT WRITE 2425 PRESIDENTIAL WAY #1802 WEST PALM BEACH, FL 33401 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TIRE U00000862876 NAME GRIEF, DANNY M 04/03/08-80070-007 150.nn 2425 PRESIDENTIAL WAY #1802 STREET ADDRESS CITY-SI-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does per qualify for the exemptions contained in Chapter 119, 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

561-688-650

FILED