2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000025265 1. Entity Name BODY MECHANICS THERAPY INC. Principal Place of Business Mailing Address 2722 LANE ST. 2722 LANE ST. PALATKA FL 32177 PALATKA FL 32177

FILED Same Secretary of State

05-08-2002 90153 020 ***150.00



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2. Principal	Place of Busin	ness	3. Mailing Address		*4.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State		4 - 1 - 1	4. FEt Number 59-3498782 Applied For Not Applied For	
Zip Country			Zip Country		ntry	5. Certificate of Status Desired See Required	
	6. Name	and Address of Current Re	gistered Agent		1	7. Name and Address of New Registered Agent ,	
					Name		
SCHUMA	CHER, GAY	LAIN	Street Address		Stroot Address (DO De Markeria Marker and D	
2722 LAN	NE ST.			Street Address (F		P.O. Box Number is Not Acceptable)	
PALATKA	FL 32177						
					City FL Zip Code		
V		submits this statement for the	ne purpose of changing it	s registere	ed office or register	red agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating) DATE	
	oration in oligi	ible to esticfu its Istoneible	EN E NOW	III EEE	IC \$150.00		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
11.		OFFICERS AND DIF	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	ortify that the	information are all all the second	F9				
13. I hereby of indicated of the corr	ertify that the on this report	information supplied with this or supplemental report is true	filing does not qualify for e and accurate and that n	r the exem	nption stated in Sec are shall have the sa	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.