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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90057 005 \*\*\*158.75

DOCUMENT # P98000027095

1. Corporation Name

~~DR. SCHNACK, INC.~~

NEW FRONTIER MASSAGE THERAPY SERVICES, INC.

Principal Place of Business

3064 LANDING WAY  
PALM HARBOR FL 34684

Mailing Address

3064 LANDING WAY  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

59-3505435

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

2. Principal Place of Business

21 7256 STATE ROAD 54

Suite, Apt. #, etc.

22 City & State

23 NEW PORT RICHEY FL

Zip

24 34653

Country

25 USA

2a. Mailing Address

26 7256 STATE ROAD 54

Suite, Apt. #, etc.

27 City & State

28 NEW PORT RICHEY FL

Zip

29 34653

Country

30 USA

9. Name and Address of Current Registered Agent

DRESCHNACK, JAY J  
3064 LANDING WAY  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

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

7256 STATE ROAD 54

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34653

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

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

(NOTE: Registered Agent signature required when reinstating)

1/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DRESCHNACK, JAY J  
STREET ADDRESS 3064 LANDING WAY  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 P/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7256 STATE ROAD 54  
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

(727)372-4949

Daytime Phone #

CR2E034 (11/98)

247678-90057-5  
798000027095

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

Dr. Schnack, Inc.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE ONE: The name of the corporation is hereby  
changed from Dr. Schnack, Inc. to  
New Frontier Massage Therapy Services, Inc.

ARTICLE SIX: The Street Address of the Registered Office of  
New Frontier Massage Therapy, Inc. is 7256 State  
Road 54, New Port Richey, FL 34653. The Registered  
Agent of record remains Jay J. Dreschnack.

ARTICLE SEVEN: Mailing Address for Jay J. Dreschnack  
changes to 7256 State Road 54, New Port Richey, FL  
34653.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Not Applicable

THIRD: The date of each amendment's adoption: 25 November 1998

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 25th day of November, 19 98

Signature

Jay Joseph Dreschnack  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

JAY J. DRESCHNACK

Typed or printed name

PRESIDENT

Title