

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092633

1. Entity Name

MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90090 022 \*\*\*150.00

Principal Place of Business

5333 N DIXIE HWY  
202  
FORT LAUDERDALE FL 33334

Mailing Address

199 EAST MCNAB ROAD  
#106  
POMPANO BEACH FL 33060-9258

2. Principal Place of Business

206 EAST MCNAB ROAD  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

Zip

33060

Country

Broward

Country

4. FEI Number

65-0880022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAFFER, SAMUEL  
199 EAST MCNAB ROAD  
#106  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00**  
**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  
D  
LAFFER, SAMUEL  
199 EAST MCNAB ROAD, #106  
POMPANO BEACH FL 33060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 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

4/27/00 954-309-1881  
Date Daytime Phone #

CR2E034 (9/99)