


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90013 008 \*\*\*150.00

<b>DOCUMENT # P98000092633</b>	
1. Entity Name <b>MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.</b>	

Principal Place of Business <b>128 SE FIRST ST FORT LAUDERDALE FL 33301</b>	Mailing Address <b>627 S.E. 4TH AVENUE #303 FORT LAUDERDALE FL 33301</b>
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2. Principal Place of Business <b>1321 S. ANDREWS AVE.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State <b>FL LAUDERDALE, FL</b>	City & State
Zip <b>33316</b>	Country <b>BROWARD</b>

4. FEI Number <b>65-0880022</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LAFFER, SAMUEL 627 S.E. 4TH AVENUE FORT LAUDERDALE FL 33301</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAFFER, SAMUEL 627 SE 4TH #303 FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL LAFFER 5/11/05 954-523-8840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #