

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000092633

1. Entity Name

MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.



Principal Place of Business

**1321 S ANDREWS AVE
FORT LAUDERDALE FL 33316**

Mailing Address

**627 S.E. 4TH AVENUE
#303
FORT LAUDERDALE FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FCI Number

65-0880022

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFFER, SAMUEL
627 S.E. 4TH AVENUE
FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-electing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	D LAFFER, SAMUEL 627 SE 4TH #303 FORT LAUDERDALE FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000555558 05/16/06-80037-022 150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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* **SAMUEL LAFFER** *04/28/06* **954-523-8840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #