

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90019 047 \*\*\*150.00

**DOCUMENT # P98000092633**

1. Entity Name

MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.



Principal Place of Business

350 E. MCNAB ROAD  
POMPANO BEACH FL 33060

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

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 not in person.

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **LAFFER, SAMUEL**  
CITY-ST-ZIP **627 SE 4TH #303**  
**FORT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **LAFFER SAMUEL**  
CITY-ST-ZIP **1967 OCEAN BLVD #201A**  
**LAUDERDALE BY THE SEA FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/08 954-523-8840