

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 013 ***150.00

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1. Entity Name
MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.



Principal Place of Business
**231 B COMMERCE BLVD
LAUDERDALE BY THE SEA FL 33308**

Mailing Address
**199 EAST MCNAB ROAD
#106
POMPANO BEACH FL 33060**



2. Principal Place of Business
200 SE. 6TH STREET

Suite, Apt. #, etc.
SUITE 604A

City & State
FT. LAUDERDALE, FL

Zip
33301

Country
USA

3. Mailing Address
627 SE. 4TH AVE.

Suite, Apt. #, etc.
#303

City & State
FT. LAUDERDALE, FL

Zip
33301

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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
LAFFER, SAMUEL
Street Address (P.O. Box Number is Not Acceptable)
**627 SE. 4TH AVENUE
#303**
City
FT. LAUDERDALE, FL Zip Code
33301

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 reinstating)

5/1/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE
D ☐ Delete
NAME
LAFFER, SAMUEL
STREET ADDRESS
199 EAST MCNAB ROAD, #106
CITY-ST-ZIP
POMPANO BEACH FL 33060

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
627 SE 4TH AVE, #303
CITY-ST-ZIP
FT. LAUDERDALE, FL 33301

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

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

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

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

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03
Date

754-245-0522
Daytime Phone #

CR2E034 (10/02)