2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90026 019 ***150.00

DOCUMENT # P99000000010

1. Entity Name

ADVANCED THERAPEUTICS & MASSAGE, INC.

Principal Place of Business	Mailing Address
10935 SE 177TH PLACE, S-206 SUMMERFIELD FL 34491	10935 SE 177TH PLACE, S-206 SUMMERFIELD FL 34491-8971

C0024082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
17820 SE 109th AVE		17820 SE 109th AVE.	
Suite, Apt. #, etc.: Suite 105-A		Suite, Apt. #, etc.: Suite 105-A	
City & State: Summerfield FL		City & State: Summerfield FL.	
Zip: 34491	Country: ~~MA~~ U.SA	Zip: 34491	Country: USA

4. FEI Number 65-0883299 ☐ 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
CALIA, LISA 12550 SE 53RD CT. BELLEVIEW FL 34420	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 LISA CALIA [signature] 2/16/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALIA, LISA		NAME		
STREET ADDRESS	12550 SE 53RD CT		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACQUES, ROSEMARIE		NAME		
STREET ADDRESS	13465 SE 32ND CT		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 2/16/00 (352) 307-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LISA CALIA PRESIDENT — Date — Daytime Phone #