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## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91423 033 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P9900000010

1. Entity Name

Principal Place of Business

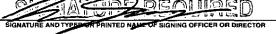
ADVANCED THERAPEUTICS & MASSAGE, INC.



17820 SE 109TH AVE SUITE 105A 107 SUMMERFIELD FL 34491  2. Principal Place of Business				17820 SE 109TH AVE SUITE 105A /07 SUMMERFIELD FL 34491  3. Mailing Address				☐ CHECK HERE IF MAKING CHANGES					
Suite, Apt. #, etc.				Suite, Apt. #, etc.									
City & State				City & State				4. FEI Number 65-0883299 Applied For					
Zip	Country			Zip		Country		5. Certificate of Status Desired				\$8.75 Additional Fee Required	
	6. Name ar	nd Address of Cu	rrent Registere	legistered Agent						<u>'</u>	Jirea		
CALIA, LISA 12550 SE 53RD CT. BELLEVIEW FL 34420						Name  Street Address (P.O. Box Number is Not Acceptable)  City  Zip Code							
SIGNATURE FI	Signature, typed or r ILE NOW!!! May 1, 2003		a did agent and title if app 0 0.00	ose of changing its of the control o	L	ed office or re	alia	reinstating)	oth, in the State	ign Financir	1 am familiar w 4-2.4- DATE		
10.	Tayaolo to I		AND DIRECTO					DDITION	S/CHANGES T	O OFFICER	S AND DIRECT	ORS IN 11	
TITLE ANAME STREET ADDRESS CITY-ST-ZIP	PD CALIA, LISA 12550 SE 53 BELLEVIEW	BRD CT	AND DIFFEOTO	☐ Delete	TITLE NAM STRE			<u>DDITION</u>	OYOTANALO T	0 01110211	☐ Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACQUES, F 13465 SE 32 BELLEVIEW	ND CT		☐ Delete							☐ Chan	ge Addition	
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NAME STREET ADDRESS CITY-ST-ZIP	orlify that the	formation countries	d with this filing	Delete  Delete	CITY	ET ADDRESS -ST-ZIP	Lin Seation	110 07/	aVi) Florida Sta	tutos I furth	Chang		

2. Thereby certify that the information supplies with this limit does not qualify to the exemption stated in Section 113.7(3)(f), Florida Statutes. 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:



2/11/03 (352)307-9080 Date Devime Phone # CR2E034 (10/02)