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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S82671

CENTER FOR THERAPEUTIC BODYWORK, INC.

•	e of Business	IVICALI	ing Address										•		
7800 SW 57TH	AVE	P.O.	BOX 161889												
SUITE 209			MIAMI FL 33116-1889									:			
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US								ate Incorpo		Qualifed					
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2 Principal Pl	ace of Business	2a. N	Mailing Address				4. FI	I Number	*] [Applie	ed For
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2801 PONCE DE LEON BLVD						Street /	Address (F.O	ress (P.O. Box Number is Not Acceptable)							
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11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	i02 and 607	7.1508, Florida Statute: Such change was aut	s, the ab	ove hv t	-named (corporation s pration's boar	ubmits this d of directi	s statemei ors. I here	nt for the aby acce	purpose o	intme	nging ent as	regis	tered
agent, I a	m familiar with, and accept the oblig	ations of, S	Section 607.0505, Flori	da Statu	tes.									•	
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SIGNATURE	Signature, typed or printed name of registered age	ent and title if a	applicable. (NOTE, f	Registered A	Agent	signature re	equired when reins				DATE				
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14. 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 annual report or supplemental annual 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 seceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

305 669-9089