

## **Arkansas Secretary of State**

## **John Thurston**

1401 W. Capitol, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days. **NOTE:** Subsequent annual reports may be filed within thirty (30) days of the anniversary date of this filing.

## **Health Spa Consumer Protection Act**

Act 204 of 1989 and Arkansas Code Annotated §4-94-101 et seq.

## **Annual Registration Statement**

Date:	_	
Name of Health Spa:		
Street Address:		
	ers, directors and stockholders of the Hea	alth Spa as follows:
Name	Position Held	Address
		_
(Attach separate list if necessary)		_
Name of Health Spa's parent corpora	ation, if applicable:	
Street Address:		
	B 22 11 11	Health Spa's parent corporation are as follows: Address
(Attach separate list if necessary)		
The types of facilities available are a	as follows:	
Name, street address and telephone null	mber of a contact person responsible for filing	annual registration:
I W/ WILL	-	(Signature of Contract Person)
STREET ADDRESS		(Telephone Number)
ADDRESS:	State	ZIP