



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**Registration and Request to Speak at the**

**Department of State Health Services Council Meeting**

**Thursday, November 17, 2005**

**Austin, Texas**

**Registration forms MUST be turned in before the beginning of the meeting.**

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

MASSAGE

Summary of Comments:

ESTABLISHMENT EXEMPTIONS

Registrant information:

Please PRINT clearly

NAME: ALEX MATTHEWS
ADDRESS: 710 RIVERWOOD DR.
CITY: CEDAR PARK STATE: TX ZIP: 78613
PHONE NUMBER: ( ) REPRESENTING:

Signature: \_\_\_\_\_

*Alex Matthews*

Date: \_\_\_\_\_

11/17/05

**To Comment:**

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Summary of Comments:

3 (c) MASSAGE  
THERAPY

Registrant information:

Please PRINT clearly

NAME:	RAUL S. FLORES		
ADDRESS:	7122 San Pedro #106		
CITY:	San Antonio	STATE:	TX
ZIP:	78216		
PHONE NUMBER:	(210) 383-1401	REPRESENTING:	Massage Therapy

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Raul S. Flores".

Date: \_\_\_\_\_

11/17/05

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