2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015461

Entity Name: VIRGINIA MASSAGE THERAPY, INC.

FILED Jan 05, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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770 SOUTH DIXIE HIGHWAY

SUITE 200

CORAL GABLES, FL 33146 US

Current Mailing Address: New Mailing Address:

770 SOUTH DIXIE HIGHWAY SUITE 200

CORAL GABLES, FL 33146 US

FEI Number: 65-0990070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODRIGUEZ, GLADYS 770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146 US

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.

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SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR.

 Name:
 FLUXMAN, LEONARD I

 Address:
 770 S DIXIE HWY STE 200

 City-St-Zip:
 CORAL GABLES, FL 33146 US

Title: DIR

Name: LAZARUS, STEPHEN
Address: 770 S. DIXIE HWY., STE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: PRES

 Name:
 FLUXMAN, LEONARD I

 Address:
 770 S. DIXIE HWY., STE 200

 City-St-Zip:
 CORAL GABLES, FL 33146

Title: COO

 Name:
 LAZARUS, STEPHEN

 Address:
 770 S. DIXIE HWY., STE 200

 City-St-Zip:
 CORAL GABLES, FL 33146

Title: SECR

 Name:
 BOEHM, ROBERT C

 Address:
 770 S DIXIE HWY., STE. 200

 City-St-Zip:
 CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT C. BOEHM SECR 01/05/2011