

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015461

Entity Name: VIRGINIA MASSAGE THERAPY, INC.**Current Principal Place of Business:**770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146**Current Mailing Address:**770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146 US**FEI Number:** 65-0990070**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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.***SIGNATURE:** AMY S. ZEIGLER

03/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, CEO, PRESIDENT
Name FLUXMAN, LEONARD I
Address 770 SOUTH DIXIE HIGHWAY
SUITE 200
City-State-Zip: CORAL GABLES FL 33146

Title CFO, COO, DIRECTOR
Name LAZARUS, STEPHEN
Address 770 SOUTH DIXIE HIGHWAY
SUITE 200
City-State-Zip: CORAL GABLES FL 33146

Title EVP, SECRETARY
Name BOEHM, ROBERT C
Address 770 SOUTH DIXIE HIGHWAY
SUITE 200
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR - FINANCE
Name WHARTON, JIM
Address 770 SOUTH DIXIE HIGHWAY
SUITE 200
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR - FINANCIAL AID
Name HANNAH, WHITNEY
Address 770 SOUTH DIXIE HIGHWAY
SUITE 200
City-State-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

SECRETARY

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date