

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000023356

**Entity Name:** THERAPEUTIC MASSAGE AND SKIN CARE INC

**Current Principal Place of Business:**

1732 NE 26 STREET  
202  
WILTON MANORS, FL 33305

**Current Mailing Address:**

1732 NE 26 STREET  
202  
WILTON MANORS, FL 33305

**FEI Number:** 20-2342097

**Certificate of Status Desired:** No

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

BROWN, LYNN P  
1300 SE 6 TERRACE  
POMPANO BEACH, FL 33060 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title                      P  
Name                      BROWN, LYNN P  
Address                      1300 SE 6 TERRACE  
City-State-Zip:      POMPANO BEACH FL 33060

Title                      VP  
Name                      LATONA, JOANNE P  
Address                      811 NW 72 AVENUE  
City-State-Zip:      PLANTATION FL 33317

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:** LYNN P BROWN

**PRESIDENT**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date