

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000044810

**Entity Name:** NATURAL BALANCE MASSAGE THERAPY & WELLNESS  
CENTER, INC.

**Current Principal Place of Business:**

350 U.S. ALTERNATE 19 N.  
SUITE A  
PALM HARBOR, FL 34683

**Current Mailing Address:**

350 U.S. ALTERNATE 19 N.  
SUITE A  
PALM HARBOR, FL 34683 US

**FEI Number:** 45-5279469

**Certificate of Status Desired:** No

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

CAIN, RASHAEL V  
1663 FRANKLIN WAY  
DUNEDIN, FL 34698 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 CAIN, RASHAEL V  
Address 1663 FRANKLIN WAY  
City-State-Zip: DUNEDIN FL 34698

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:** RASHAEL V CAIN

**PRESIDENT**

**02/22/2015**

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

\_\_\_\_\_  
Date