

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000044810

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

**FILED**  
**Mar 23, 2019**  
**Secretary of State**  
**2403786580CC**

**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:**

STASNEY, RASHAEL CAIN  
350 U.S. ALTERNATE 19 N.  
SUITE A  
PALM HARBOR, FL 34683 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: RASHAEL CAIN STASNEY**

**03/23/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name STASNEY, RASHAEL CAIN  
Address 350 U.S. ALTERNATE 19 N.  
SUITE A  
City-State-Zip: PALM HARBOR FL 34683

*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 CAIN STASNEY**

**PRESIDENT**

**03/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date