

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000100679

**Entity Name:** BODY-MIND-SPIRIT THERAPEUTIC MASSAGE, INC.

**Current Principal Place of Business:**

1804 W. BAKER ST STE F  
PLANT CITY, FL 33563

**Current Mailing Address:**

8102 S. COUNTY RD 39  
PLANT CITY, FL 33567

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

EASTMAN, BETTE  
8102 S. COUNTY RD 39  
PLANT CITY, FL 33567 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 PSTD  
Name EASTMAN, BETTE  
Address 8102 S. COUNTY RD 39  
City-State-Zip: PLANT CITY FL 33567

*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:** BETTE EASTMAN

PSTD

04/25/2015

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

\_\_\_\_\_  
Date