

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000055803

**Entity Name:** 305 POST SURGERY MASSAGE CORP

**Current Principal Place of Business:**

6625 MIAMI LAKES DR.  
SUITE 343  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6625 MIAMI LAKES DR.  
SUITE 343  
MIAMI LAKES, FL 33014 US

**FEI Number:** 81-3151165

**Certificate of Status Desired:** No

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

STEMAR SERVICES LLC  
3526 W 80TH ST  
101  
HIALEAH, FL 33018 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 GRIN, YOSANARY N  
Address 8105 NW 187TH TERR  
City-State-Zip: HIALEAH FL 33015

*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:** YOSANARY N GRIN

**PRESIDENT**

**04/26/2017**

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

\_\_\_\_\_  
Date