

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V58229

**Entity Name:** MASSAGEWORKS OF SARASOTA, INC.

**Current Principal Place of Business:**

2937 BEE RIDGE ROAD  
SUITE 10  
SARASOTA, FL 34239

**Current Mailing Address:**

2937 BEE RIDGE ROAD  
SUITE 10  
SARASOTA, FL 34239

**FEI Number:** 65-0353237

**Certificate of Status Desired:** No

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

HOGREVE, BRADLEY W.  
50 CENTRAL AVE.,  
SUITE 700  
SARASOTA, FL 34236 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            D  
Name            KELLY, EILEEN J  
Address        2937 BEE RIDGE ROAD, SUITE 10  
City-State-Zip: SARASOTA FL 34239

Title            VP  
Name            KELLY, CHARLES L  
Address        2937 BEE RIDGE ROAD  
                  SUITE 10  
City-State-Zip: SARASOTA FL 34239

*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:** EILEEN J. KELLY

**PRESIDENT**

**02/01/2016**

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

\_\_\_\_\_  
Date