2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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Entity Name: THERAPEUTIC MASSAGE CENTER, LLC

Current Principal Place of Business:

13120 WESTLINKS TERRACE
UNIT 9
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13120 WESTLINKS TERRACE
UNIT 9
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 59-3703681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASKE, TAMMY N
2408 TED AVE S.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

KASKE, TAMMY N
2246 OXFORD RIDGE CIRCLE
LEHIGH ACRES, FL 33973 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: TAMMY KASKE 03/30/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KASKE, TAMMY
Address: 2246 OXFORD RIDGE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33973

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: TAMMY KASKE MGR 03/30/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date