# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 15, 2005**
**Secretary of State**

DOCUMENT# L04000036157

**Entity Name:** THE CENTER FOR THERAPEUTIC MASSAGE, LLC

**Current Principal Place of Business:**

505 EICHENFELD DRIVE
STE 107
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

505 EICHENFELD DRIVE
STE 107
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number: 01-0765742** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

GIBSON, JEANNE
505 EICHENFELD DRIVE
STE 107
TAMPA, FL 33511 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: GIBSON, JEANNE
Address: 505 EICHENFELD DRIVE STE 107
City-St-Zip: TAMPA, FL 33511

Title: MGRM ( ) Delete
Name: SHAMBLEN, CINDY
Address: 505 EICHENFELD DRIVE STE 107
City-St-Zip: BRANDON, FL 33511

Title: MGRM ( ) Delete
Name: DOBBS, SUSAN
Address: 505 EICHENFELD DRIVE STE 107
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 Statutes.

SIGNATURE: JEANNE GIBSON MGRM 08/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date