

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015461

FILED
Jan 08, 2010
Secretary of State

Entity Name: VIRGINIA MASSAGE THERAPY, INC.

Current Principal Place of Business:

770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0990070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, GLADYS
770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR.
Name: FLUXMAN, LEONARD I
Address: 770 S DIXIE HWY STE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DIR.
Name: LAZARUS, STEPHEN
Address: 770 S. DIXIE HWY., STE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: PRES
Name: FLUXMAN, LEONARD I
Address: 770 S. DIXIE HWY., STE 200
City-St-Zip: CORAL GABLES, FL 33146

Title: COO
Name: LAZARUS, STEPHEN
Address: 770 S. DIXIE HWY., STE 200
City-St-Zip: CORAL GABLES, FL 33146

Title: SECR
Name: BOEHM, ROBERT C
Address: 770 S DIXIE HWY., STE. 200
City-St-Zip: CORAL GABLES, FL 33146

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: ROBERT C. BOEHM

SECR

01/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date