

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001361

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** HOLISTIC MASSAGE THERAPY CENTER, INC.

**Current Principal Place of Business:**

516 STONEMONT LANE  
WESTON, FL 33326

**New Principal Place of Business:**

2863 EXECUTIVE PARK DRIVE  
SUITE 102  
WESTON, FL 33331

**Current Mailing Address:**

516 STONEMONT LANE  
WESTON, FL 33326

**New Mailing Address:**

2863 EXECUTIVE PARK DRIVE  
SUITE 102  
WESTON, FL 33331

FEI Number: 65-1066881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BIEL, MICHAEL  
516 STONEMONT LANE  
WESTON, FL 33326 US

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

BIEL, MICHAEL  
2863 EXECUTIVE PARK DR  
SUITE 102  
WESTON, FL 33331 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

02/29/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIEL, MICHAEL  
Address: 2863 EXECUTIVE PARK DR STE 102  
City-St-Zip: WESTON, FL 33331

Title: V  
Name: BIEL, SUSAN A  
Address: 2863 EXECUTIVE PARK DR STE 102  
City-St-Zip: WESTON, FL 33331

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: MICHAEL BIEL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

02/29/2012

\_\_\_\_\_  
Date