

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000013811

**FILED**  
**Jun 22, 2010**  
**Secretary of State**

**Entity Name:** ESSENTIAL THERAPEUTIC MASSAGE, INC.

**Current Principal Place of Business:**

131-B E PALMETTO PARK RD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

3939 NE 5 AVE F204  
BOCA RATON, FL 33431

**Current Mailing Address:**

131-B E PALMETTO PARK RD  
BOCA RATON, FL 33432

**New Mailing Address:**

3939 NE 5 AVE F204  
BOCA RATON, FL 33431

**FEI Number:** 20-1132162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIANA, MICHELE  
131-B E PALMETTO PARK RD  
BOCA RATON, FL 33432 US

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

VIANA, MICHELE P  
3939 NE 5 AVE F204  
BOCA RATON, FL 33431 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:** MICHELE P VIANA

06/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** VIANA, MICHELE P  
**Address:** 3939 NE 5 AVE F204  
**City-St-Zip:** BOCA RATON, FL 331314562

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:** MICHELE P VIANA

PRES

06/22/2010

Electronic Signature of Signing Officer or Director

Date