

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075069

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** THE MESSAGE CLINIC, P.A.,

**Current Principal Place of Business:**

622 CHASTAIN RD  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

622 CHASTAIN RD  
SEFFNER, FL 33584

**New Mailing Address:**

**FEI Number:** 37-1463952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, LACI W  
622 CHASTAIN RD  
SEFFNER, FL FL 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUTIERREZ, LACI W  
Address: 622 CHASTAIN RD  
City-St-Zip: SEFFNER, FL 33584

Title: VP  
Name: GUTIERREZ, ALBERT III  
Address: 622 CHASTAIN RD  
City-St-Zip: SEFFNER, FL 33584

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: LACI W. GUTIERREZ

PRES

04/27/2012

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

\_\_\_\_\_  
Date