

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000027859

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MIA'S THERAPEUTIC MASSAGE INC.

**Current Principal Place of Business:**

5217 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5217 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 34-1995415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAUH, AMELIA A  
4729 ROWE DRIVE  
NEW PORT RICHEY, FL 34653 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: RAUH, AMELIA A  
Address: 4729 ROWE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP  
Name: RAUH-MARS, ANNE C  
Address: 4217 ANACONDA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: ANNE RAUH-MARS

VP

02/09/2012

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

\_\_\_\_\_  
Date