2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2012
Secretary of State

DOCUMENT# P04000066500

Entity Name: OPTIMUM THERAPEUTIC MASSAGE, INC.

Current Principal Place of Business:

6700 S FLORIDA AVE
SUITE9
LAKELAND, FL 33807

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5761
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 20-1049523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSBURN, GREG
6700 S FLORIDA AVE
SUITE 9
LAKELAND, FL 33807 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: D
Name: OSBURN, GREG
Address: 6700 S FLORIDA AVE STE 9
City-St-Zip: LAKELAND, FL 33807

Title: O
Name: OSBURN, JENNIFER
Address: 6700 S FLORIDA AVE STE 9
City-St-Zip: LAKELAND, FL 33807

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: GREG OSBURN PRES 04/01/2012

Electronic Signature of Signing Officer or Director Date