

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074113

FILED
Apr 11, 2009
Secretary of State

Entity Name: MEDICAL MASSAGE & THERAPY, INC.

Current Principal Place of Business:

13911 LAKE SHORE BLVD
HUDSON, FL 34667

New Principal Place of Business:

17948 DRAYTON STREET
BROOKSVILLE, FL 34610

Current Mailing Address:

13911 LAKE SHORE BLVD
HUDSON, FL 34667

New Mailing Address:

17948 DRAYTON STREET
BROOKSVILLE, FL 34610

FEI Number: 20-3109054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDES, JULIET N
17948 DRAYTON STREET
BROOKSVILLE, FL 34610 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIDES, JULIET N
Address: 13911 LAKE SHORE BLVD
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: SIDES, L. BRYAN
Address: 13911 LAKESHORE BOULEVARD
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIDES, JULIET N
Address: 17948 DRAYTON STREET
City-St-Zip: BROOKSVILLE, FL 34610

Title: D (X) Change () Addition
Name: SIDES, L. BRYAN
Address: 17948 DRAYTON STREET
City-St-Zip: BROOKSVILLE, FL 34610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIET N SIDES

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date