

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000140773

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** THERAPUTIC MASSAGE BY ARLENE LMT, PA.

**Current Principal Place of Business:**

3030 STARKEY BLVD  
SUITE 149  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

3012 STARKEY BLVD  
TRINITY, FL 34655 US

**Current Mailing Address:**

P.O. BOX 663  
ELFERS, FL 34680 US

**New Mailing Address:**

**FEI Number:** 20-5972098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPRINGER, ARLENE  
7437 COMPTON LN  
NEW PORT RICHEY, FL 34655 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: PRE  
Name: SPRINGER, ARLENE  
Address: 7437 COMPTON LN  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP  
Name: SPRINGER, ARLENE  
Address: 7437 COMPTON LN  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: SEC  
Name: SPRINGER, ARLENE  
Address: 7437 COMPTON LN  
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: ARLENE SPRINGER

PRES

04/17/2012

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

\_\_\_\_\_  
Date