

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096933

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL MASSAGE SPECIALISTS, INC.

**Current Principal Place of Business:**

4504 SUMMER COVE DRIVE  
EAST #235  
MANATEE, FL 34243

**New Principal Place of Business:**

1219 EAST AVE.S  
STE. 204  
SARASOTA, FL 34238

**Current Mailing Address:**

4504 SUMMER COVE DRIVE  
EAST #235  
MANATEE, FL 34243

**New Mailing Address:**

1804 OAK VIEW DR.  
SARASOTA, FL 34232

FEI Number: 14-2008013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MS., STEPHANIE A ANGEL  
4504 SUMMER COVE DRIVE EAST  
#235  
SARASOTA, FL 34243 US

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

MS., STEPHANIE A ANGEL  
1804 OAK VIEW DR.  
SARASOTA, FL 34232 US

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: STEPHANIE ANGEL

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANGEL, STEPHANIE A  
Address: 1804 OAK VIEW DR.  
City-St-Zip: SARASOTA, FL 34232

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: STEPHANIE ANGEL

MS

04/25/2011

Electronic Signature of Signing Officer or Director

Date