

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000093727

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** GENTLE HANDS MASSAGE THERAPY INC

**Current Principal Place of Business:**

4901 SW 122 AVE  
MIAMI, FL 33175

**New Principal Place of Business:**

9745 SW 72 ST  
SUITE 115  
MIAMI, FL 33173

**Current Mailing Address:**

4901 SW 122 AVE  
MIAMI, FL 33175

**New Mailing Address:**

9745 SW 72 ST  
SUITE 115  
MIAMI, FL 33173

**FEI Number:** 45-3695758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSELL, ALBERTINA M  
4901 SW 122 AVE  
MIAMI, FL 33175 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: ROSELL, ALBERTINA M  
Address: 4901 SW 122 AVE  
City-St-Zip: MIAMI, FL 33175

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: ALBERTINA M ROSELL

P

02/08/2012

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

\_\_\_\_\_ Date