2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

DOCUMENT# P96000004529

Entity Name: PROFESSIONAL MASSAGE CENTER, INC.

Current Principal Place of Business:

2815 W. NEW HAVEN AVENUE
STE 302
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

2381 ARIZONA STREET
MELBOURNE, FL 32904 US

New Mailing Address:

508 ALMOND AVE. N.W.
PALM BAY, FL 32907 US

FEI Number: 59-3360456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWSE, JAMES W
2381 ARIZONA STREET
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

GILBERT, SHAWN L
508 ALMOND AVE. N.W.
PALM BAY, FL 32907 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: SHAWN GILBERT 01/12/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ROWSE, JAMES W
Address: 2381 ARIZONA ST
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VD
Name: ROWSE, BARBARA L
Address: 2381 ARIZONA ST
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SD
Name: MACHADO, ANDREA L
Address: 508 ALMOND AVE. N.W.
City-St-Zip: PALM BAY, FL 32907

Title: TD
Name: GILBERT, SHAWN L
Address: 508 ALMOND AVE. N.W.
City-St-Zip: PALM BAY, FL 32907

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: SHAWN GILBERT TD 01/12/2012
Electronic Signature of Signing Officer or Director Date