## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071563

Entity Name: MASSAGE THERAPY CENTER OF S.W. FLORIDA, INC.

FILED Mar 08, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

912 SE 46TH LANE 1718 CAPE CORAL PARKWAY EAST

UNIT 204 CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

912 SE 46TH LANE 1718 CAPE CORAL PARKWAY EAST

UNIT 204 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

FEI Number: 65-0859114 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SIMON, CECELIA E

1019 S.W. 52ND STREET

CAPE CORAL, FL 33904 US

SIMON, CECELIA E

1019 S.W. 52ND STREET

CAPE CORAL, FL 33914 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: 03/08/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 SIMON, CECELIA E

 Address:
 1019 SW 52ND ST

 City-St-Zip:
 CAPE CORAL, FL 33914

Title: VP

 Name:
 IRVIN, JOSEPH M

 Address:
 1019 SW 52ND ST

 City-St-Zip:
 CAPE CORAL, FL 33914

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: CECELIA E. SIMON PRES 03/08/2011