

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000000010

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED THERAPEUTICS & MASSAGE, INC.

**Current Principal Place of Business:**

16840 US HIGHWAY 441  
SUITE 406  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

8630 E. CO. RD. 466  
THE VILLAGES, FL 32162 US

**Current Mailing Address:**

P.O. BOX 1086  
SUMMERFIELD, FL 34492 US

**New Mailing Address:**

**FEI Number:** 65-0883299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALIA, LISA  
12550 SE 53RD CT.  
BELLEVIEW, FL 34420 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: PD  
Name: CALIA, LISA  
Address: 12550 SE 53RD CT  
City-St-Zip: BELLEVIEW, FL 34420

Title: STD  
Name: JACQUES, ROSEMARIE  
Address: 13465 SE 32ND CT  
City-St-Zip: BELLEVIEW, FL 34420

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: ROSEMARIE JACQUES

TEAS

01/31/2011

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

\_\_\_\_\_  
Date