

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109737

FILED
Mar 24, 2009
Secretary of State

Entity Name: MID-ATLANTIC MASSAGE THERAPY, INC.

Current Principal Place of Business:

770 SOUTH DIXIE HIGHWAY
STE 200
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

770 SOUTH DIXIE HIGHWAY
STE 200
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0984060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, GLADYS
770 SOUTH DIXIE HIGHWAY
STE 200
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: FLUXMAN, LEONARD I
Address: 770 S DIXIE HWY STE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DIR. () Delete
Name: LAZARUS, STEPHEN
Address: 770 SOUTH DIXIE HIGHWAY, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: PRES () Delete
Name: FLUXMAN, LEONARD I
Address: 7700 S DIXIE HWY STE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: SVP () Delete
Name: LAZARUS, STEPHEN
Address: 7700 S DIXIE HWY STE 200
City-St-Zip: CORAL GABLES, FL 33146

Title: SECR () Delete
Name: BOEHM, ROBERT C
Address: 7700 S DIXIE HWY STE 200
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT C. BOEHM

SECR

03/24/2009

Electronic Signature of Signing Officer or Director

Date