2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

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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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT C. BOEHM SECR 01/11/2011

Electronic Signature of Signing Officer or Director Date