2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2015
Secretary of State
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Entity Name: MASSAGE AND INTEGRATIVE THERAPIES, LLC

Current Principal Place of Business:

6126 NW 36TH DRIVE
GAINESVILLE, FL 32653-8809

Current Mailing Address:

6126 NW 36TH DRIVE
GAINESVILLE, FL 32653-8809 US

FEI Number: 27-0529511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUGOS, PATRICIA S
6126 NW 36TH DRIVE
GAINESVILLE, FL 32653-8809 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	BUGOS, PATRICIA S
Address	6126 NW 36 DRIVE
City-State-Zip:	GAINESVILLE FL 32653-8809

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA S. BUGOS MANAGING MEMBER 03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date