2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P03000147593

Entity Name: THERAPHY SERVICES MANAGEMENT, INC.

Current Principal Place of Business:

6075 S W 106 ST
MIAMI, FL 33156

New Principal Place of Business:

6075 S W 106 ST
MIAMI, FL 33156 US

Current Mailing Address:

7105 SW 8 STREET
306
MIAMI, FL 33144

New Mailing Address:

7105 SW 8 STREET
SUITE 306
MIAMI, FL 33144 US

FEI Number: 20-0467454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEVEREZ, ROSINA E
6075 S W 106 ST
MIAMI, FL 33156 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: PD ( ) Delete
Name: CHEVEREZ, ROSINA E
Address: 6075 S W 106 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHEVEREZ, ROSINA E
Address: 6075 S W 106 ST
City-St-Zip: MIAMI, FL 33156 US

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: ROSINA E CHEVEREZ PD 04/28/2008

Electronic Signature of Signing Officer or Director — Date