

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019837

Entity Name: THERAPY SPOT INC

FILED  
May 27, 2009  
Secretary of State

## Current Principal Place of Business:

4 GLAMIS WAY  
BLDG.7100 SUITE #201  
BOCA RATON, FL 33433

## New Principal Place of Business:

7100 CAMINO REAL  
SUITE #201  
BOCA RATON, FL 33433

## Current Mailing Address:

4 GLAMIS WAY  
BOYNTON BEACH, FL 33426

## New Mailing Address:

7100 CAMINO REAL  
SUITE #201  
BOCA RATON, FL 33433

FEI Number: 20-8295911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLER, MONICA  
4 GLAMIS WAY  
BOYNTON BEACH, FL FL 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WELLER, MONICA  
Address: 4 GLAMIS WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SEC ( ) Delete  
Name: STERN, ELLEN  
Address: 9132 DUPONT  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MONICA M. WELLER M.S.OTR/L

PRES

05/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date