2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 MAY 18 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000046587

1. Entity Name
TOCCO DI LUCE ORTHOPEDIC MASSAGE THERAPY, INC.

05062010 Chg-P CR2E034 (11/08)

Principal Place of Business	Mailing Address
3244 LORIMAR LN ST. CLOUD, FL 34772	3244 LORIMAR LN ST. CLOUD, FL 34772

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1409 Louisiana Ave	3244 Lorimar Ln
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State: Saint Cloud, Fl	City & State: Saint Cloud, Fl
Zip: 34769 Country: USA	Zip: 34772 Country: USA

4. FEI Number: 80-0417240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVENPORT, BRENDA 3244 LORIMAR LN ST. CLOUD, FL 34772	Name: Brenda Davenport Street Address (P.O. Box Number is Not Acceptable): 3244 Lorimar Ln City: Saint Cloud FL Zip Code: 34772

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Brenda Davenport DATE: 5/13/10
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 24, 2010

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P DAVENPORT, BRENDA 3244 LORIMAR LN ST. CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP CARABALLO, ELIO A 3244 LORIMAR LN ST. CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, DENISE 3244 LORIMAR LN. ST. CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S HERNANDEZ, URIEL 3244 LORIMAR LN. ST. CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900180572410 ☐ Change ☐ Addition 05/07/10--01034--004 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTIZ, JOSE 3244 LORIMAR LN. ST. CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Davenport 5/13/2010 (407)891-1342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/20