

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000055889

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** TREASURE COAST THERAPY, INC.

**Current Principal Place of Business:**

9830 SW 77TH AVE.  
125  
MIAMI, FL 33156

**New Principal Place of Business:**

4500 SE PINE VALLEY ST  
PORT ST LUCIE, FL 349526125

**Current Mailing Address:**

9830 SW 77TH AVE.  
125  
MIAMI, FL 33156

**New Mailing Address:**

4500 SE PINE VALLEY ST  
PORT ST LUCIE, FL 349526125

**FEI Number:** 27-0726831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAVES & ARMSTRONG, PA  
9830 SW 77TH AVE.  
125  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

FONTIX, MATTHIEU  
4500 SE PINE VALLEY ST  
PORT ST LUCIE, FL 34952 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: MATTHIEU FONTIX

04/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JACQUES COUDRAY, MICHEL  
Address: 1100 SE MITCHELL AVE UNIT 904  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP  
Name: FONTIX, MATTHIEU  
Address: 1100 SE MITCHELL AVE UNIT 904  
City-St-Zip: PORT ST LUCIE, FL 34952

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: MATTHIEU FONTIX

VP

04/12/2010

Electronic Signature of Signing Officer or Director

Date