

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000055889

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4500 SE PINE VALLEY ST  
PORT ST LUCIE, FL 349526125

**New Principal Place of Business:**

**Current Mailing Address:**

4500 SE PINE VALLEY ST  
PORT ST LUCIE, FL 349526125

**New Mailing Address:**

**FEI Number:** 27-0726831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**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

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date