

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000055889

**FILED**  
**Jun 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:**

FONTIX, MATHIEU  
1100 SE MITCHELL AVENUE, UNIT 904  
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: MATHIEU FONTIX

06/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: FONTIX, MATHIEU  
Address: 4500 SE PINE VALLEY ST  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T  
Name: FONTIX, MATHIEU  
Address: 4500 SE PINE VALLEY ST  
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: MATHIEU FONTIX

PRES

06/14/2011

Electronic Signature of Signing Officer or Director

Date