

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068644

Entity Name: THERAKIDS PLUS, INC.

FILED  
May 31, 2011  
Secretary of State

**Current Principal Place of Business:**

1602 WEST SLIGH AVENUE  
STE 100  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1602 WEST SLIGH AVENUE  
STE 100  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 59-3527590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, ROBERT F  
2918 BUSCHE LAKE BLVD  
TAMPA, FL 33614 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: MS.  
Name: BOOTH, KIMBERLY  
Address: 1602 WEST SLIGH AVE, SUITE 100  
City-St-Zip: TAMPA, FL 33604

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: KIMBERLY KATHLENE BOOTH

MS.

05/31/2011

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

\_\_\_\_\_ Date