

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000073949

**Entity Name:** THERAKIDS, INC.

**Current Principal Place of Business:**

1325 SE 25TH LOOP  
102  
OCALA, FL 34471

**Current Mailing Address:**

1325 SE 25TH LOOP  
102  
OCALA, FL 34471

**FEI Number:** 81-0559814

**Certificate of Status Desired:** No

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

BRUNER, ELON N  
6760 NW 48TH TERRACE  
OCALA, FL 34482 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name BRUNER, ELON N  
Address 6760 NW 48TH TERRACE  
City-State-Zip: Ocala FL 34482

*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:** ELON BRUNER

**PRESIDENT/OWNER**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date