

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000033382

**Entity Name:** THERA P, INC.

**Current Principal Place of Business:**

C/O OFFICE OF DR. MICHAEL AUGUSTINO  
1605 TOWN CENTER BLVD.  
WESTON, FL 33326

**Current Mailing Address:**

386 COCONUT CIRCLE  
WESTON, FL 33326 US

**FEI Number:** 45-1495513

**Certificate of Status Desired:** No

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

AUERBACH, MARC H  
200 S. BISCAYNE BLVD.  
SUITE 3130  
MIAMI, FL 33131 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            D/P  
Name            AUGUSTINO, DANA S  
Address        386 COCONUT CIRCLE  
City-State-Zip: WESTON FL 33326

*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:** DANA AUGUSTINO

D/P

04/24/2014

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

\_\_\_\_\_ Date