

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002895

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** THERAPEUTIC QUALITIES, LLC

**Current Principal Place of Business:**

4578 BATTLERIDGE ROAD  
OAKDALE, PA 15071

**New Principal Place of Business:**

**Current Mailing Address:**

4578 BATTLERIDGE ROAD  
OAKDALE, PA 15071

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

VOGEL, LAURA A ESQ  
1035 S. STATE ROAD 7, SUITE C-215  
WELLINGTON, FL 33414 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DUCHESS, ANNMARIE  
Address: 4578 BATTLERIDGE ROAD  
City-St-Zip: OAKDALE, PA 15071

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANNMARIE DUCHESS

MGRM

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date