

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/15/2005-90036-036-\$61.25-\$61.25

**FILED**

05 MAY 10 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N04000009330</b>					
1. Entity Name <b>THERAPEUTICALLY SPEAKING INC.</b>					
Principal Place of Business <b>2020 NE 163RD ST - STE 205 B N MIAMI BEACH FL 33162</b>			Mailing Address <b>2020 NE 163RD ST - STE 205 B N MIAMI BEACH FL 33162</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>81-0656077</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPEARS, PAMELA 2020 NE 163RD ST - STE 205 B N MIAMI BEACH FL 33162</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: <b>3/10/05</b>					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW - FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <b>SPEARS, PAMELA DR</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>2020 NE 163RD ST - STE 205 B</b>		NAME		
STREET ADDRESS	<b>N MIAMI BEACH FL 33162</b>		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D <b>SPEAR, DOLLIE MAE</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>2020 NE 163RD ST - STE 205 B</b>		NAME		
STREET ADDRESS	<b>N MIAMI BEACH FL 33162</b>		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D <b>SPEAR, ISAAC JR</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>2020 NE 163RD ST - STE 205 B</b>		NAME		
STREET ADDRESS	<b>N MIAMI BEACH FL 33162</b>		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			3/10/05 (305) 949-1515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		