

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 020 ****61.25

DOCUMENT # N04000009330

1. Entity Name
THERAPEUTICALLY SPEAKING INC.



Principal Place of Business
2020 NE 163RD ST - STE 205 B
N MIAMI BEACH, FL 33162

Mailing Address
2020 NE 163RD ST - STE 205 B
N MIAMI BEACH, FL 33162

40013757



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
81-0656077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEARS, PAMELA
2020 NE 163RD ST - STE 205 B
N MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name De Pamela Spears
Street Address (P.O. Box Number is Not Acceptable) 2020 NE 163 Street - Ste 300
City North Miami
City North Miami FL Zip Code 33162

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SPEARS, PAMELA DR	
STREET ADDRESS	2020 NE 163RD ST - STE 205 B	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEAR, DOLLIE MAE	
STREET ADDRESS	2020 NE 163RD ST - STE 205 B	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEAR, ISAAC JR	
STREET ADDRESS	2020 NE 163RD ST - STE 205 B	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08 (305) 526-4644