

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009330

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** THERAPEUTICALLY SPEAKING INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 81-0656077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPEARS, PAMELA  
2020 NE 163 ST STE 300  
MIAMI, FL 33162 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SPEARS, PAMELA DR  
Address: 2020 NE 163RD ST - STE 205 B  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: SPEAR, DOLLIE MAE  
Address: 2020 NE 163RD ST - STE 205 B  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: SPEAR, ISAAC JR  
Address: 2020 NE 163RD ST - STE 205 B  
City-St-Zip: N MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. PAMELA SPEARS

DIRE

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date