

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 22, 2011
Secretary of State

Entity Name: TURNING POINT THERAPY FOUNDATION, INC.

Current Principal Place of Business:

994 SANCTUARY DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

948 CINDY CIRCLE LANE
WELLINGTON, FL 33414

Current Mailing Address:

994 SANCTUARY DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

948 CINDY CIRCLE LANE
WELLINGTON, FL 33414

FEI Number: 20-1114991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATES, RAMONA
1345 F ROAD
LOXAHATCHEE, FL 33470 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
Name: COATES, CYNTHIA
Address: 994 SANCTUARY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: WYLIE, KEITH
Address: 2270 LA COURT LANE
City-St-Zip: MALABAR, FL 32950

Title: D
Name: COATES, RAMONA
Address: 1345 F ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D
Name: CONSANTAKOS, JOHN S JR.
Address: 1505 LANCE
City-St-Zip: JUPITER, FL 33469

Title: D
Name: COATES, TOM
Address: 1345 F ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D
Name: COATES, TRICIA
Address: 948 CINDY DRIVE
City-St-Zip: WELLINGTON, FL 33414

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA COATES

MS

02/22/2011

Electronic Signature of Signing Officer or Director

Date