

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005557

FILED
Mar 06, 2010
Secretary of State

Entity Name: SILVER LINING THERAPY INC.

Current Principal Place of Business:

12665 WHITE CEDAR TRAIL
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

12665 WHITE CEDAR TRAIL
JACKSONVILLE, FL 32226

New Mailing Address:

8099 SUMMERGATE CT
JACKSONVILLE, FL 32256

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, SARAH T
8099 SUMMERGATE CT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

SMITH, SARAH T
8099 SUMMERGATE CT
JACKSONVILLE, FL 32256 US

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: SARAH SMITH

03/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, SARAH T
Address: 8099 SUMMERGATE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: P
Name: DUFFNEY, KRISTEN M
Address: 12665 WHITE CEDAR TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: SMITH, TIMOTHY J
Address: 8099 SUMMERGATE CT
City-St-Zip: JACKSONVILLE, FL 32256

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: SARAH SMITH

P

03/06/2010

Electronic Signature of Signing Officer or Director

Date