

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099269

Entity Name: PARTAIN THERAPY, INC.

FILED
Apr 26, 2012
Secretary of State

Current Principal Place of Business:

37640 SKY RIDGE CIRCLE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

37640 SKY RIDGE CIRCLE
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 65-1056192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, DAVID J ESQ.
14217 THIRD ST.
DADE CITY, FL 33523 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: PTD
Name: PARTAIN, DARYN
Address: 37640 SKYRIDGE CIRCLE
City-St-Zip: DADE CITY, FL 33525

Title: VSD
Name: PARTAIN, KELLY
Address: 37640 SKYRIDGE CIRCLE
City-St-Zip: DADE CITY, FL 33525

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

SIGNATURE: KELLY PARTAIN

VSD

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date