2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000004927

DOCUMENT #

1. Entity Name



FILED May 12, 2003 8:00 am Secretary of State 05-12-2003 90208 034 ***150.00

THERAPEUTIC ALLIANCE GROUP, INC.									
Principal Place of Business 4509 NW 23RD AVENUE SUITE 14 GAINESVILE FL 32606 US 2. Principal Place of Business Suite Pot # jetc. City Mistate. Zip 3 1 00 0000	23rd tree	Mailing Address 4509 NW 23RD AVENUE SUITE 14 GAINESVILE FL 32606 US 3. Mailing Address Suite, Apt. #, etc. City & State Zip 2-606	ett en le 3 Country	Je J	4. FEI Number5. Certificate of	CHECK HERE 59-3529896 of Status Desired	IF MAKING C	HANGES Ap No B.75 Adde Require	plied For It Applicable Iitional
DAMRON, HEATHER					teather Damion				
4509 NW 23RD AVENUE	Street A	ddress (P	32 Number	is Not Acceptable) Ale	21	R##		
GAINESVILLE FL 32606									
City ()///							FL	Zip God	606
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	, X	15 / tame	W-			S	11/03		
Signature, typed or print	ed name of registered agent and	title if app cabl (NOTE	Registered Agent signat	ure required v	rhen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						tion Campaign Fi t Fund Contributio	~ —		May Be to Fees
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/C	HANGES TO OFF			S IN 11
NAME STREET ADDRESS CITY-ST-ZIP P DAMRON, HEA 4509 NW 23RI GAINESVILLE) avenue suite 14	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	443	12 NW	23rd A	ve Svil	Johange Le 4 3260	Addition §
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shereby verify that the information supplied with mis tiling does not squalify for the exemption stated in Section 119.07(3)(i), 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 207, 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 life empowered.

SIGNATURE:

Date