

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 034 ***150.00

0068574 AV

DOCUMENT # P01000004927

1. Entity Name
THERAPEUTIC ALLIANCE GROUP, INC.



Principal Place of Business
4509 NW 23RD AVENUE
SUITE 14
GAINESVILLE FL 32606
US

Mailing Address
4509 NW 23RD AVENUE
SUITE 14
GAINESVILLE FL 32606
US



2. Principal Place of Business
4432 NW 23rd Ave
Suite, Apt. #, etc. Suite 4

3. Mailing Address
4432 NW 23rd Ave
Suite, Apt. #, etc. Suite 4

City & State
Gainesville FL

City & State
Gainesville FL

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3529896

Applied For
Not Applicable

Zip 32606 Country Adachw USA

Zip 32606 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMRON, HEATHER
4509 NW 23RD AVENUE SUITE 14
GAINESVILLE FL 32606

Name Heather Damron
Street Address (P.O. Box Number is Not Applicable) 4432 NW 23rd Ave Suite 4
City Gainesville FL Zip Code 32606

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 *Heather Damron*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 5/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DAMRON, HEATHER	4509 NW 23RD AVENUE SUITE 14	GAINESVILLE FL 32606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		4432 NW 23rd Ave Suite 4	Gainesville, FL 32606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 607, 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 like empowered.

SIGNATURE: *Heather Damron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-03

CR2E034 (10/02)