

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021515

FILED  
Apr 01, 2012  
Secretary of State

**Entity Name:** THERAPEUTIC HEALTH ENDEAVORS INSTITUTE, INC.

**Current Principal Place of Business:**

3565 E. SUZIE LANE  
INVERNESS, FL 34451 US

**New Principal Place of Business:**

3565 E. SUZIE LANE  
INVERNESS, FL 34452 US

**Current Mailing Address:**

P O BOX 711  
INVERNESS, FL 34451

**New Mailing Address:**

P O BOX 711  
INVERNESS, FL 34451 US

**FEI Number:** 01-0666451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHELPS, MARTHA M PRES  
3565 E SUZIE LANE  
INVERNESS, FL 34451 US

**Name and Address of New Registered Agent:**

PHELPS, MARTHA M PRES  
3565 E SUZIE LANE  
INVERNESS, FL 34452 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:

04/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SMILEY, JOAN B VP/CFO  
Address: 3565 E. SUZIE LANE  
City-St-Zip: INVERNESS, FL 34452 US

Title: SEC  
Name: BROWN, SHERRY SEC  
Address: 3565 E.SUZIE LANE  
City-St-Zip: INVERNESS, FL 34452 US

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: MARTHA M PHELPS

PRES

04/01/2012

Electronic Signature of Signing Officer or Director

Date