

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081596

FILED  
Jul 03, 2007  
Secretary of State

Entity Name: THERAPEUTIC INTERVENTIONS, INC.

**Current Principal Place of Business:**

1393 SW 1ST STREET #300  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1393 SW 1ST STREET #300  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 56-2286206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AURIGNAC, MICHELE  
1393 SW 1ST STREET #300  
MIAMI, FL 33135 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: AURIGNAC, MICHELE  
Address: 1393 SW 1ST STREET SUITE 300  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: AURIGNAC, MICHELE  
Address: 1393 SW 1ST STREET SUITE 300  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELE AURIGNAC

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07/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date