2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# P03000052484

Entity Name: THERAPEUTIC TOUCH OF PONTE VEDRA, INC

Current Principal Place of Business:

6000A SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

183 LANDRUM LANE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

6000A SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

183 LANDRUM LANE
PONTE VEDRA BEACH, FL 32082

FEI Number: 65-1186961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BISHOP-BRAHEN, TERESA C
934 LAWHON DR
SAINT JOHNS, FL 32259 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: P,T ( ) Delete
Name: BISHOP-BRAHEN, TERESA C
Address: 934 LAWHON DR
City-St-Zip: SAINT JOHNS, FL 32259

Title: S ( ) Delete
Name: BRAHEN, PATRICK
Address: 934 LAWHON DR
City-St-Zip: SAINT JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TERESA C. BISHOP-BRAHEN P,T 10/27/2009

Electronic Signature of Signing Officer or Director — Date