

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071041

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** THERAPY MANAGEMENT CORPORATION

**Current Principal Place of Business:**

8477 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

8477 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

**New Mailing Address:**

**FEI Number:** 65-1197416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALDROP, MARK  
8477 S SUNCOAST BLVD  
HOMOSASSA, FL 34446 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALDROP, MARK  
Address: 8477 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete  
Name: WALDROP, DREAMA  
Address: 8477 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34446

**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 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:** BARRY DENHAM

VP

01/25/2007

Electronic Signature of Signing Officer or Director

Date