2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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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

OFFICERS AND DIRECTORS:

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

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

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: MARK WALDROP D 01/05/2012

Electronic Signature of Signing Officer or Director Date