2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124301

Entity Name: THERAPEDI, INC.

Title:

Name:

Address:

City-St-Zip:

SECR

() Delete

PINCHEVSKY-FONT, TAMARA D

4214 BUCHANAN STREET

HOLLYWOOD, FL 33021 US

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4214 BUCHANAN STREET HOLLYWOOD, FL 33021				9411 NW 24 ST. SUNRISE, FL 33322				
Current Mailing Address:				New Mailing Address:				
4214 BUCHANAN STREET HOLLYWOOD, FL 33021				9411 NW 24 ST. SUNRISE, FL 33322				
FEI Number:	56-2412539	FEI Number Applied For ()	FEI Number N	Not Applic	cable ()	Certificate of	Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
PINCHEVSKY-FONT, TAMARA D 4214 BUCHANAN STREET HOLLYWOOD, FL 33021 US				VERONESE, JANICE K 9411 NW 24 ST. SUNRISE, FL 33322 US				
The above in the State	named entity so of Florida.	ubmits this statement for the p	urpose of cha	nging its	s registered o	ffice or regis	tered agent, or both,	
SIGNATUR	E: JANICE K.	VERONESE				02/10	/2005	
	Electronic	Signature of Registered Age	nt			Date		
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	TREA ()[VERONESE, JAN 9411 NW 24 STF SUNRISE, FL 33	REET	Title: Name Addre City-	e:	()	Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	PRES ()[PINCHEVSKY-FO 4214 BUCHANAN HOLLYWOOD, F	STREET	Title: Name Addre City-	e: ess:	PRES (X) VERONESE, JA 9411 NW 24 ST SUNRISE, FL 3	REET	ddition	
Title: Name: Address: City-St-Zip:	VP () I VERONESE, JAN 9411 NW 24 STF SUNRISE, FL 33	REET	Title: Name Addre City-:	e:	()	Change () Ad	ddition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SECR

VERONENSE, JANICE K

SUNRISE, FL 33322 US

9411 NW 24 STREET

(X) Change () Addition

SIGNATURE: JANICE K. VERONESE MRS. 02/10/2005