## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000147593

Entity Name: THERAPHY SERVICES MANAGEMENT, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6075 S W 106 ST 6075 SW 106 STREET MIAMI, FL 33156 US MIAMI, FL 33156 US

Current Mailing Address: New Mailing Address:

7105 SW 8 STREET 6075 SW 106 STREET SUITE 306 MIAMI, FL 33156 US MIAMI, FL 33144 US

FEI Number: 20-0467454 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CHEVEREZ, ROSINA E CHEVEREZ, ROSINA E 6075 S W 106 ST 6075 SW 106 STREET MIAMI, FL 33156 US MIAMI, FL 33156 US

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: ROSINA E CHEVEREZ 04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition CHEVEREZ, ROSINA E CHEVEREZ, ROSINA E Name: Name: 6075 S W 106 ST Address: 6075 SW 106 STREET Address: City-St-Zip: MIAMI, FL 33156 US City-St-Zip: MIAMI, FL 33156 US

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: ROSINA E CHEVEREZ PD 04/16/2009