

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000142250

**FILED**  
**Nov 06, 2009**  
**Secretary of State****Entity Name:** THERAPY ONE SOLUTION, INC.**Current Principal Place of Business:**900 WEST 49 STREET SUITE 234  
900 W 49 ST STE #234  
HIALEAH, FL 33012**New Principal Place of Business:****Current Mailing Address:**900 WEST 49 STREET SUITE 234  
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 20-1752777**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RABEIRO, JULIO M  
4100 SW 145 TERRACE  
MIAMI, FL 33027 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:** VPD ( ) Delete  
**Name:** RABEIRO, JULIO M  
**Address:** 4100 SW 145 TER  
**City-St-Zip:** MIRAMAR, FL 33027 BR**Title:** PDTS (X) Delete  
**Name:** RABEIRO, JULIO M VPDTS  
**Address:** 4100 SW 145 TERRACE  
**City-St-Zip:** MIRAMAR, FL 33027 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PDTS (X) Change ( ) Addition  
**Name:** REAL, LIS I  
**Address:** 4100 SW 145 TER  
**City-St-Zip:** MIRAMAR, FL 33027 BR**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: LIS I REAL

PDT

11/06/2009

Electronic Signature of Signing Officer or Director

Date