

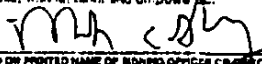
FROM : FIT REHAB

FAX NO. : 7722839681

FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90213 014 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000146093			
1. Entity Name TM PARTNERS, INC.			
Principal Place of Business 789 S FEDERAL HWY SUITE 300 STUART, FL 34994		Mailing Address 789 S FEDERAL HWY SUITE 300 STUART, FL 34994	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1803001		Applied For Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fees Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHANZ, MARK 789 S FEDERAL HWY SUITE 300 STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Register, typewritten, printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Enrichment True: Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D SEEGOTT, TRACY 789 S FEDERAL HWY SUITE 300 STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D SHANZ, MARK 789 S FEDERAL HWY SUITE 300 STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 of this report, or as an attachment with an address, with all other fee empowers.			
SIGNATURE: 		4-27-05 772-288-6359	
SIGNATURE AND TYPED OR PRINTED NAME OF BONDED OFFICE OR DIRECTOR		Date	