## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000150528

Entity Name: THERAPY STAFFING ENTERPRISES INC

FILED Apr 16, 2009 Secretary of State

Current Pi	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
6075 SW 1 MIAMI, FL	06 STREET 33156 US				
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
7105 SW 8 SUITE 306 MIAMI, FL	;		6075 SW 106 STREET MIAMI, FL 33156 U:	_	
FEI Number:	20-3859283	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
6075 SW 1	Z, ROSINA E 106 STREET , FL 33156	US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered A	gent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD ( CHEVEREZ, R 6075 SW 106 : MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 PSD 04/16/2009