2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000018887

Entity Name: THE THERAPY GROUP SERVICES, CORP.

FILED Jul 02, 2008 Secretary of State

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

709 E 9TH ST. 731 NW 132 COURT HIALEAH, FL 33010 MIAMI, FL 33182

Current Mailing Address: New Mailing Address:

709 E 9TH ST. 731 NW 132 COURT HIALEAH, FL 33010 MIAMI, FL 33182

FEI Number: 20-4292275 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:

PAZ, YAMIL SOTO, ANNIA
709 E 9TH ST. 731 NW 132 COURT
HIALEAH, FL 33010 US MIAMI, FL 33182 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: ANNIA SOTO 07/02/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 PAZ, YAMIL
 Name:
 SOTO, ANNIA

 Address:
 709 E 9TH ST.
 Address:
 731 NW 132 COURT

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 MIAMI, FL 33182

Title: VC (X) Delete Title: () Change () Addition

 Name:
 SOTO, ANNIA
 Name:

 Address:
 709 E 9TH ST.
 Address:

 City-St-Zip:
 HIALEAH, FL 33010
 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: YAMIL PAZ PT 07/02/2008

Electronic Signature of Signing Officer or Director

Date