2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000035378

1. Entity Name
PERSONAL THERAPEUTIC SERVICES, INC.

Principal Place of Business	Mailing Address
9702 NW 7TH CIRCLE #1121 PLANTATION, FL 33324	9702 NW 7TH CIRCLE #1121 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

02132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4538954	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENEZRA, LINDSAY
9702 NW 7TH CIRCLE #1121
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U0000093317
04/23/08-80061-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	BENEZRA, LINDSAY	
STREET ADDRESS	9702 NW 7TH CIRCLE #1121	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/8/06   954-319-5072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #