2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000035378

1. Entity Name
PERSONAL THERAPEUTIC SERVICES, INC.

FILED
09 JAN 22 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01072009 Chg-P CR2E034 (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1201 SE 2nd Ct	1201 SE 2nd Ct
Suite, Apt. #, etc.: 415	Suite, Apt. #, etc.: 415
City & State: Ft Lauderdale, FL	City & State: Ft Lauderdale, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number: 20-4538954 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENEZRA, LINDSAY 9702 NW 7TH CIRCLE #1121 PLANTATION, FL 33324	Name: BENEZRA, LINDSAY Street Address (P.O. Box Number is Not Acceptable): 1201 SE 2nd Ct, 415 City: Ft Lauderdale FL Zip Code: 33301

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: Lindsay Benezra 1/19/09
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, 2009 Fee Will be $550.00

9. Election Campaign Financing Trust 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	D BENEZRA, LINDSAY 9702 NW 7TH CIRCLE #1121 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D BENEZRA, LINDSAY 1201 SE 2nd Ct # 415 Ft Lauderdale, FL 33301
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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: Lindsay Benezra 1/19/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #