

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035577

FILED
Apr 29, 2007
Secretary of State

Entity Name: MEDICAL THERAPY INVESTMENTS, INC.

Current Principal Place of Business:

1564 OAKADIA LANE
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

1564 OAKADIA LANE
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 20-4467154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMANN, BRUCE G
1564 OAKADIA LANE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: KAUFMANN, BRUCE G
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33764

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAUFMANN, BRUCE G
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33764

Title: S () Change (X) Addition
Name: WILSON, JAMES
Address: P.O. BOX 366
City-St-Zip: TARPON SPRINGS, FL 34688

Title: T () Change (X) Addition
Name: CORSALE, RICHARD
Address: 5973 48TH AVENUE
City-St-Zip: ST. PETERSBURG, FL 33709

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: BRUCE G KAUFMANN

P

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date