

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143879

Entity Name: THERAPYWORKS, INC.

FILED
Mar 21, 2012
Secretary of State

Current Principal Place of Business:

36 CARMONA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

655 W. FLAGLER STREET
SUITE 205
MIAMI, FL 33130

Current Mailing Address:

36 CARMONA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

655 W. FLAGLER STREET
SUITE 205
MIAMI, FL 33130

FEI Number: 20-5887443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, BEATRIZ
36 CARMONA AVENUE
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: P
Name: LEON, BEATRIZ
Address: 36 CARMONA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: LEON, BEATRIZ
Address: 36 CARMONA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: S
Name: LEON, BEATRIZ
Address: 36 CARMONA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: T
Name: LEON, BEATRIZ
Address: 36 CARMONA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: BEATRIZ LEON

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date