2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P07000135296

Entity Name: THERAPEUTIC MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

5605 GLENCREST BLVD
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

5605 GLENCREST BLVD
TAMPA, FL 33625

New Mailing Address:

FEI Number: 33-1198605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VENTURINO, TIFFANY
5605 GLENCREST BLVD.
TAMPA, FL 33625 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: D/P ( ) Delete
Name: VENTURINO, TIFFANY
Address: 5605 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: S ( ) Delete
Name: VENTURINO, TIFFANY
Address: 5605 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: D/VP ( ) Delete
Name: TZIOTIS, ANDREAS
Address: 16128 COLCHESTAR PALMS DR.
City-St-Zip: TAMPA, FL 33647

Title: T ( ) Delete
Name: TZIOTIS, ANDREAS
Address: 16128 COLCHESTAR PALMS DR.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: TIFFANY VENTURINO P 03/10/2009

Electronic Signature of Signing Officer or Director — Date