2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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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 ( )**

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

OFFICERS AND DIRECTORS:

Title: D/P
Name: VENTURINO, TIFFANY
Address: 5605 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

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

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

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

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: TIFFANY VENTURINO D/P 04/29/2011

Electronic Signature of Signing Officer or Director — Date