

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048680

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** THERAPY MANAGEMENT SERVICES CORP.

**Current Principal Place of Business:**

7600 SW 170 STREET  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

7600 SW 170 STREET  
PALMETTO BAY, FL 33157

**New Mailing Address:**

FEI Number: 26-2613210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NUNEZ, JUAN P  
7600 SW 170 STREET  
PALMETTO BAY, FL 33157 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: PRES  
Name: NUNEZ, JUAN P  
Address: 7600 SW 170 STREET  
City-St-Zip: PALMETTO BAY, FL 33157

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: JUAN P NUNEZ

PRES

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date