2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P09000018264

Entity Name: THERAPEUTIC INTERVENTION PROGRAMS, INC.

Current Principal Place of Business:

13701 LAKE POINT CT
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

13701 LAKE POINT CT
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 42-1460292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTGOMERY, PATRICIA
13701 LAKE POINT CT
PORT CHARLOTTE, FL 33953 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: DR.
Name: MONTGOMERY, PATRICIA C
Address: 13701 LAKE POINT CT
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MR.
Name: MONTGOMERY, TIMOTHY J
Address: 13701 LAKE POINT CT
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MR.
Name: THATCHER, ROBERT J
Address: 107 WILDERNESS DRIVE #109
City-St-Zip: NAPLES, FL 34105

Title: MS.
Name: APPEL, NANCY L
Address: 5321 EWING AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55410

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: PATRICIA C. MONTGOMERY PRES 01/06/2011

Electronic Signature of Signing Officer or Director Date