

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090939

Entity Name: MG THERAPY, INC.

FILED  
Feb 24, 2011  
Secretary of State

**Current Principal Place of Business:**

1004 GOLDEN CANE DRIVE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1004 GOLDEN CANE DRIVE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 27-1251443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WESTON CORPORATE ADMINISTRATION LLC  
2625 WESTON ROAD  
WESTON, FL 33331 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  
Name: GURFINKEL, MARIA E  
Address: 1004 GOLDEN CANE DRIVE  
City-St-Zip: WESTON, FL 33327

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: MARIA EUGENIA GURFINKEL

D

02/24/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date