

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061884

Entity Name: THERAPY SOLVERS, INC.

FILED
Apr 25, 2011
Secretary of State

Current Principal Place of Business:

5901 US HWY 19 SUITE 7A
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5901 US HWY 19 SUITE 7A
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 27-3078061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JULIA L
5901 US HWY 19 SUITE 7A
NEW PORT RICHEY, FL 34652 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: PD
Name: WHITE, JULIA L
Address: 5901 US HWY 19 SUITE 7A
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TS
Name: WHITE, JULIA L
Address: 5901 US HWY 19 SUITE 7A
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: JULIA L. WHITE

PDTS

04/25/2011

Electronic Signature of Signing Officer or Director

Date