2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

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Entity Name: THERAPEUTIC SERVICES OF PALM BEACHES, INC.

Current Principal Place of Business:

2200 N. FLORIDA MANGO RD, SUITE 201
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2200 N. FLORIDA MANGO RD, SUITE 201
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 45-3177855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, ROBERT A
2200 N. FLORIDA MANGO RD, SUITE 201
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

ORBIGOSO, FE M CPA
6145 UNGERER ST.
JUPITER, FL 33458 US

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: FE M. ORBIGOSO 05/01/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MORAN, ROBERT A M.D.
Address: 2200 N. FLORIDA MANGO RD, SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CFO
Name: LEVEY, DAVID I M.D.
Address: 2200 N. FLORIDA MANGO RD, SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33409

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: ROBERT A. MORAN, M.D. PRES 05/01/2012
Electronic Signature of Signing Officer or Director Date