

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046552

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: THERAPEUTIC INTEGRATION SERVICES, INC.

## Current Principal Place of Business:

2960 IMMOKALEE RD  
SUITE 3  
NAPLES, FL 34110 US

## New Principal Place of Business:

2206 MAJESTIC CT  
NAPLES, FL 34110 US

## Current Mailing Address:

2960 IMMOKALEE RD  
SUITE 3  
NAPLES, FL 34110 US

## New Mailing Address:

2206 MAJESTIC CT  
NAPLES, FL 34110 US

FEI Number: 65-0418332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LINDNER, BARBARA H  
2206 MAJESTIC CT.  
NAPLES, FL 34110 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LINDNER, BARBARA H P  
Address: 2206 MAJESTIC CT.  
City-St-Zip: NAPLES, FL 34110

Title: ST ( ) Delete  
Name: LINDNER, MARK L ST  
Address: 2206 MAJESTIC CT.  
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Delete  
Name: RUE, ANGELA M VP  
Address: 2168 GROVE DR.  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA H. LINDNER

P

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date