

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056481

FILED
Feb 19, 2010
Secretary of State

Entity Name: THERAPEUTIC OPTIONS, INC.

Current Principal Place of Business:

9732 S.W. 24TH ST.
SUITE 100
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

9732 S.W. 24TH ST.
SUITE 100
MIAMI, FL 33165 US

New Mailing Address:

THERAPEUTIC OPTIONS, INC. C/O M.I.T.
2645 DOUGLAS ROAD SUITE 505
CORAL GABLES, FL 33133 US

FEI Number: 65-0593851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUSTELIER, WILLIAM
9732 S.W. 24TH ST.
SUITE 100
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

MUSTELIER, WILLIAM
2645 DOUGLAS ROAD
SUITE 505
CORAL GABLES, FL 33133 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:

02/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: MUSTELIER, WILLIAM
Address: 2645 DOUGLAS ROAD SUITE #505
City-St-Zip: CORAL GABLES, FL 33133 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: WILLIAM MUSTELIER

PRES

02/19/2010

Electronic Signature of Signing Officer or Director

Date