

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056481

**FILED**  
**Feb 23, 2011**  
**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:**

2645 SW 37 AVE  
SUITE 505  
MIAMI, FL 33133 US

**Current Mailing Address:**

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

**New Mailing Address:**

2645 SW 37 AVE  
SUITE 505  
MIAMI, FL 33133 US

**FEI Number:** 65-0593851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MUSTELIER, WILLIAM  
2645 SW 37 AVE  
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:

02/23/2011

Electronic Signature of Registered Agent

Date

**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

02/23/2011

Electronic Signature of Signing Officer or Director

Date