## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000078012

Entity Name: THERA-PEDS, INC

FILED Jan 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11651 NW 32ND MANOR 1200 WEST CAMINO REAL SUNRISE, FL 33345 BOCA RATON, FL 33486

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 451186 C/O COMPUKEEPER INC 2298 NW 2ND AVE SUITE 20 SUNRISE, FL 33345 BOCA RATON, FL 33431

FEI Number: 65-0625259 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VISENTIN, SHANNON VISENTIN, SHANNON 11651 NW 32 MANOR 1200 WEST CAMINO REAL SUNRISE, FL 33323 US BOCA RATON, FL 33486 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: SHANNON VISENTIN 01/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: (X) Change ( ) Addition VISENTIN, SHANNON VISENTIN, SHANNON Name: Name: Address:

11651 NW 32ND MANOR Address: 1200 WEST CAMINO REAL City-St-Zip: SUNRISE, FL 33323 City-St-Zip: BOCA RATON, FL 33486

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: SHANNON VISENTIN PR 01/27/2009