

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072457

Entity Name: THERAPY SOURCE, INC.

FILED
Feb 15, 2011
Secretary of State

Current Principal Place of Business:

7735 N.W. 146TH STREET
SUITE 205
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7735 N.W. 146TH STREET
SUITE 205
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0858366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DAVID F P.A.
7735 N.W. 146TH STREET
SUITE 205
MIAMI LAKES, FL 33016 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

OFFICERS AND DIRECTORS:

Title: DP
Name: ANDERSON, NELLY E
Address: 7735 N.W. 146TH STREET, SUITE 205
City-St-Zip: MIAMI LAKES, FL 33016

Title: DVS
Name: ANDERSON, DAVID E
Address: 7735 N.W. 146TH STREET, SUITE 205
City-St-Zip: MIAMI LAKES, FL 33016

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: NELLY E. ANDERSON

PRES

02/15/2011

Electronic Signature of Signing Officer or Director

Date