2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2011
Secretary of State

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Entity Name: THERAPY REVIEW SYSTEMS, INC.

Current Principal Place of Business:

6100 BLUE LAGOON DRIVE - SUITE 235
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

6100 BLUE LAGOON DRIVE - SUITE 235
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0899398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: P
Name: HALPERIN, IRWIN
Address: 6100 BLUE LAGOON DRIVE - SUITE 235
City-St-Zip: MIAMI, FL 33126 US

Title: T
Name: MALOY, GLADYS
Address: 6100 BLUE LAGOON DRIVE - SUITE 235
City-St-Zip: MIAMI, FL 33126 US

Title: S
Name: MALOY, PATRICK
Address: 6100 BLUE LAGOON DRIVE - SUITE 235
City-St-Zip: MIAMI, FL 33126

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: IRWIN HALPERIN P 03/10/2011

Electronic Signature of Signing Officer or Director Date