


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S20262**  
1. Entity Name  
THERAPEUTIC SERVICES OF AMERICA, INC.



Principal Place of Business 2454 MICHIGAN ST ORLANDO, FL 32806	Mailing Address 2454 MICHIGAN ST ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3040547	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BATES, TIMOTHY O  
2454 E. MICHIGAN ST.  
ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] [Signature] [Signature] [Signature]

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 3-6-07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000661461  
03/20/07-20041-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BATES, TIMOTHY O 7726 WHITE ASH ST ORLANDO, FL 32819
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #