

1.) CORPORATION NAME:

TherapeuticsMD, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PARACORP INCORPORATED
12610 LAKE NORMANDY LN
FAIRFAX, VA 22030**

SCC ID NO: **F1884495**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 951 Broken Sound Pkwy NW
#320

CITY/ST/ZIP: Boca Raon, FL 33487

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN C K MILLIGAN IV	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/SECRY		
ADDRESS:	951 BROKEN SOUND PARKWAY NW #320		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		
NAME:	MITCHELL KRASSAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CH STRATEGY		
ADDRESS:	951 BROKEN SOUND PARKWAY NW #320		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		
NAME:	DANIEL A CARTWRIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO, TREASURER		
ADDRESS:	951 BROKEN SOUND PARKWAY NW #320		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		
NAME:	ROBERT G FINIZIO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHIEF EX OFCR		
ADDRESS:	951 BROKEN SOUND PKWAY NW #320		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		
NAME:	Tommy G. Thompson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	951 Broken Sound Pkwy NW #320		
CITY/ST/ZIP/CO:	Boca Raton, FL 33487		

NAME: Brian Bernick TITLE: DIRECTOR ADDRESS: 951 Broken Sound Pkwy NW #320 CITY/ST/ZIP/CO: Boca Raton , FL 33487	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Samuel A. Greco TITLE: DIRECTOR ADDRESS: 951 Broken Sound Pkwy NW #320 CITY/ST/ZIP/CO: Boca Raton, FL 33487	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Cooper C. Collins TITLE: DIRECTOR ADDRESS: 951 Broken Sound Pkwy NW #320 CITY/ST/ZIP/CO: Boca Raton, FL 33487	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Robert V. LaPenta, Jr. TITLE: DIRECTOR ADDRESS: 951 Broken Sound Pkwy NW #320 CITY/ST/ZIP/CO: Boca Raton, FL 33487	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Nicholas Segal TITLE: DIRECTOR ADDRESS: 951 Broken Sound Pkwy NW #320 CITY/ST/ZIP/CO: Boca Raton, FL 33487	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ DANIEL A CARTWRIGHT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL A CARTWRIGHT, CFO, TREASURER PRINTED NAME AND CORPORATE TITLE
1/21/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	