# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 04, 2006**
**Secretary of State**

DOCUMENT# P03000025441

**Entity Name:** THERAPEUTIC SPECIALTY SERVICES, INC.

**Current Principal Place of Business:**

2705 ROBIE AVENUE
SUITE D
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

2705 ROBIE AVENUE
SUITE D
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number: 76-0727833** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SMITH, DONNA D
696 MONTGOMERY AVE.
OCOEE, FL 34761 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P/D | ( ) Delete |
| Name: | SMITH, DONNA L DODSON | |
| Address: | 696 MONTGOMERY AVENUE | |
| City-St-Zip: | OCOEE, FL 34761 | |
| Title: | VP/D | ( ) Delete |
| Name: | SMITH, MICHAEL | |
| Address: | 696 MONTGOMERY AVE. | |
| City-St-Zip: | OCOEE, FL 34761 | |
| Title: | TREA | ( ) Delete |
| Name: | COLE, DONALD M | |
| Address: | 611 MT. HOMER ROAD, #32 | |
| City-St-Zip: | EUSTIS, FL 32726 | |
| Title: | SEC | (X) Delete |
| Name: | TOVET, HEATHER L | |
| Address: | 30953 SE 96TH LANE | |
| City-St-Zip: | ALTOONA, FL 32702 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA L. DODSON SMITH P/D 08/04/2006

Electronic Signature of Signing Officer or Director Date