FILED Apr 10, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41917 04-10-2003 90124 007 ***150.00 1. Entity Name THERAPY SPECIALISTS, INC. Principal Place of Business Mailing Address 4190 DRAKESWOOD CIRCLE 4190 DRAKESWOOD CIRCLE SARASOTA FL 34232-2504 SARASOTA FL 34232-2504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-2296976 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARSH, N.E. Street Address (P.O. Box Number is Not Acceptable) CHILDRENS THERAPY # 63 SARASOTA CENTER BLVD 101 SARASOTA FL 34240 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE ☐ Delete TITLE Change ☐ Addition MARSH, NANCY NAME NAME 4190 DRAKESWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME MARSH, JAMES P NAME STREET ADDRESS 4190 DRAKESWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03 94-3793725

556140 AV