

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000229

FILED
Oct 06, 2005
Secretary of State

Entity Name: SPECIALIZED THERAPEUTIC & ALTERNATIVE REHABILITATION SERVICES, INC.

Current Principal Place of Business:

128 N. OCEAN BLVD.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

128 N. OCEAN BLVD.
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-1075905 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TURPEAU, BRENDA P
10 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062 US

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: BRENDA TURPEAU

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: TURPEAU, BRENDA P
Address: 10 N. RIVERSIDE DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: ALLISON, CARL
Address: 5155 N.W. 74TH TERR.
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: PRESEAN, CURLEY
Address: 8500 MARLEE RD.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DAVIS, LEAH
Address: 8500 MARLEE RD.
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEAH T DAVIS

D

10/06/2005

Electronic Signature of Signing Officer or Director

Date