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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | TIAW [| MAIL | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Do | cument Number) | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to | Filing Officer. | | | | |
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| TO: | Amendment Section Division of Corporations | | | | | |
|-----------------------------|---|---|-----------------------------------|----------------------------|----------------|-----------------|
| SUBJ | ECT:NAPLES THERAPY, INC | C. (Name of | corporation | <u> </u> | = | |
| חחכו | UMENT NUMBER: P01000 | • | . | ·/ | | |
| | | | | 1.0 | 1 14 10 | ~1' |
| | nclosed Statement of Change of | _ | • | | ibmitted fo | r filing. |
| Please | return all correspondence con | cerning this m | natter to the | following: | | |
| ALAN | N GREENFIELD, ESQ. | | | | | _ |
| | (Name of perso | on) | | | • | 7 E 03 S |
| 1 Δ\Δ/ | OFFICES | | _ | | | 三二 四一 |
| | (Name of firm/com | nany) | | | | SEP 22 PM 2: 55 |
| | , | ·Purity) | | | | 2 |
| 1510 | 5 NW 77 AVENUE, SUITE 303 | · | | - | . وبد | EU ? |
| | (Address) | | _ | | | SE SS |
| MIAM | II LAKES, FL 33014 | | | | | P |
| | (City/state and zip | code) | | • | - 2 | • |
| For fu | rther information concerning t | his matter, ple | ase call: | | | |
| VA/ILLE | | | a - 4 | 000 0770 | | |
| | AM GUTHRIE (Name of person) | at (| Area code & | 938-3770 daytime teleph | one number | r) - |
| | (Tunio di person) | ` | ,110000000 | caymno wep. | 10110 11411100 | • 7 |
| Enclos | sed is a \$35.00 check made pay | yable to the De | epartment o | f State. | | |
| | | | | | | |
| Ameno Division P.O. B | ng Address: dment Section on of Corporations ox 6327 assee, FL 32314 | Street Addre Amendment S Division of C 409 E. Gaines Tallahassee, I | Section Corporations Street | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to th | ne provisions of sections 607.0502, | 617.0502, 607.1508, or 617.1508 | , Florida Statutes, |
|-------------------------------|---|---|-----------------------------------|
| this statement | of change is submitted for a corpora in order to change its regis | ation organized under the laws of the tered office or registered agent, of | |
| of Florida. | | | |
| 1. The name of | f the corporation: NAPLES THERAP | Y, INC. | |
| 2. The principa | al office address: 875 RETREAT DR | IVE, NAPLES, FL 34110 | |
| | | <u> </u> | |
| 3. The mailing | address (if different): P. O. BOX 52 | 208, FT. LAUDERDALE, FL 33310 | |
| 4. D. (a., C'a., | moration/qualification. 7/26/2001 | De sum ant mumb an | P01000074600 |
| | aporation/quantication. | Boeument number | |
| | nd street address of the current regist artment of State: | tered agent and registered office on | file with the |
| | JOEL MORRISON, ESQ. | <u> </u> | |
| | 1501 NW 49 STREET, SUITE 200 | | |
| | FT. LAUDERDALE, FL 33309 | == | _ |
| | and street address of the new regist | tered agent (if changed) and /or r | egistered office (if |
| changed): | ALAN GREENFIELD, ESQ. | · <u>-</u> | _ |
| | 15105 NW 77 AVENUE, SUITE 303 | mailbox NOT acceptable) | |
| | MIAMI LAKES, FL 33014 | | |
| The street add agent, as chan | ress of its registered office and the ged will be identical. | street address of the business offic | ce of its registered |
| Such change vauthorized by | vas authorized by resolution duly ac the board, or the corporation has be | - - = | by an officer so ge. |
| | | - WILLIAM GUTHRIE, PRES. (Printed or typed name and title) | |
| I hereby accept further agree | er, chairman or vice chairman of the board) of the appointment as registered age to comply with the provisions of a of my duties, and I am familiar with int. Or, if this document is being fil , I hereby confirm that the corporat | ent and agree to act in this capaci Il statutes relative to the proper an and accept the obligation of my | ty. nd complete position as |
| _ Chu | gh frey | 8/24/03 | - 1211 8 |
| | (Signature of Registered Agent) | / (Date) | SE SE |
| If signing on beh | alf of an entity: | - - | P 22 |
| | (Typed or Printed Name) | (Capacity) | |
| | * * * FILING | FEE: \$35.00 * * * | |
| | Make checks payable to Florida I | DEPARTMENT OF STATE AND MAIL TO: | 2: FLO |
| | DIVISION OF CORPORATIONS POR | | 型点 切 |