

P02000038238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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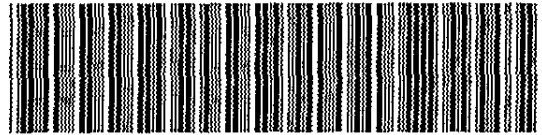
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SECRETARY OF STATE
TALLAHASSEE, FL 32310

5/19
AS-40600

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Therapy Solutions
(Name of corporation)

DOCUMENT NUMBER: 902000038238

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Brookes
(Name of person)

Advanced Therapy Solutions
(Name of firm/company)

3020 NE 32nd Avenue #710
(Address)

Ft. Lauderdale, Florida 33308
(City/state and zip code)

For further information concerning this matter, please call:

Tracy Brookes at (954) 608-5080
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Advanced Therapy Solutions, Inc.
2. The principal office address: 991 East Oakland Park Blvd. #R
Ft. Lauderdale, Florida 33334
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-9-02 Document number: P02000038238

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Spiegel & Utrera, P.A.
1840 SW 22nd Street
Miami, Florida 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tracy Brooks
~~212 South West~~ 3020 NE 32nd Avenue #710
(P.O. Box or personal mailbox NOT acceptable)
Ft. Lauderdale, Florida 33308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Tracy Brooks
(Signature of an officer, chairman or vice chairman of the board)

Tracy Brooks, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Tracy Brooks
(Signature of Registered Agent)

May 9th 2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
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FLORIDA DEPARTMENT OF
STATE