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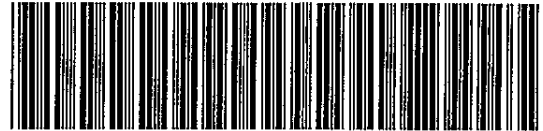
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Therapeutic Specialty Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000025441

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorna D. Orlandi
(Name of Person)

Therapeutic Specialty Services, Inc.
(Name of Firm/Company)

1029 West Main Street
(Address)

Leesburg, FL 34748-4965
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbi Jones
(Name of Person)

at (352) 360-0012
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 9, 2004

LORNA D. ORLANDI
1029 WEST MAIN ST.
LEESBURG, FL 34748-4965

SUBJECT: THERAPEUTIC SPECIALITY SERVICES, INC.
Ref. Number: P03000025441

We have received your document for THERAPEUTIC SPECIALITY SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 604A00015677

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04 MAR 26 AM 7:51
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Amendment

DOCUMENT NUMBER: P0300025441

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

Therapeutic Specialty Services Inc.
(Name of Firm/ Company)

1029 W. Main St.
(Address)

Leesburg, FL 34748-4965
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Debbi Jones at (352) 360-0012
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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Certificate of Status

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(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
(Additional Copy
is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
THERAPEUTIC SPECIALTY SERVICES, INC.**

P0300025441

Pursuant to the provisions of Section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment to its Articles of Incorporation:

NEW CORPORATE NAME:

THERAPEUTIC SPECIALTY SERVICES, INC.

AMENDMENT ADOPTED:

ARTICLE I: NAME shall be amended as follows:

The name of the corporation is THERAPEUTIC SPECIALTY SERVICES, INC.

The sole purpose of this amendment is to correct a scrivener's error. The word SPECIALTY was spelled incorrectly in the original Articles as filed with the Florida Department of State.

The date of this amendment adoption is March 22, 2004, and is effective immediately.

ADOPTION OF AMENDMENT

The amendment was adopted by the Board of Directors without shareholder action, and shareholder action was not required.

Signed this 22nd day of March, 2004.



LORNA D. ORLANDI President/Director

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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