

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025441

FILED  
Mar 23, 2005  
Secretary of State

Entity Name: THERAPEUTIC SPECIALTY SERVICES, INC.

## Current Principal Place of Business:

1029 WEST MAIN ST  
LEESBURG, FL 34748

## New Principal Place of Business:

2705 ROBIE AVENUE  
SUITE D  
MT. DORA, FL 32757

## Current Mailing Address:

1029 WEST MAIN ST  
LEESBURG, FL 34748

## New Mailing Address:

2705 ROBIE AVENUE  
SUITE D  
MT. DORA, FL 32757

FEI Number: 76-0727833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORLANDI, LORNA D  
1029 WEST MAIN STREET  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

ORLANDI, LORNA D  
2705 ROBIE AVENUE  
SUITE D  
MT. DORA, FL 32757 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: LORNA D. ORLANDI

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DODSON, DONNA L  
Address: 1004 BRISTOL LAKES #104  
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete  
Name: ORLANDI, LORNA D  
Address: 2225 GRIFFIN AVENUE  
City-St-Zip: LADY LAKE, FL 32759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMITH, DONNA L DODSON  
Address: 696 MONTGOMERY AVENUE  
City-St-Zip: OCOEE, FL 34761

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORNA D. ORLANDI

D

03/23/2005

Electronic Signature of Signing Officer or Director

Date