

AUG-22-2005 MON 02:04 PM

FAX NO.

P. 01

Division of Corporations

Page 1 of 1

P03000025441

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000199036 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : BROAD AND CASSEL (ORLANDO)
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

FILED
05 AUG 22 PM 2:43
DIVISION OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 AUG 22 AM 8:00
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE
THERAPEUTIC SPECIALTY SERVICES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$96.25

Electronic Filing Menu

Corporate Filing

Public Access Help

GR change

AUG-22-2005 MON 02:05 PM
850-205-0381

FAX NO.
8/19/2005 3:08 PAGE 001/001 Florida Dept of State

P. 02



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 19, 2005

THERAPEUTIC SPECIALTY SERVICES, INC.
2705 ROBTIE AVENUE
SUITE D
MT. DORA, FL 32757

SUBJECT: THERAPEUTIC SPECIALTY SERVICES, INC.
REF: P03000025441

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Two separate forms were submitted, in order to make all the changes requested please resubmit the form under a Profit Articles of Amendment form. The other option is to separate the two requests which would cost \$35.00 per request.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

FAX Aud. #: H05000199036
Letter Number: 70SAD0053029

2nd form
sent in
error.
There is
only 1
filing.

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: Therapeutic Specialty Services, Inc.
2. The principal office address: 2705 Robie Avenue, Suite D, Mt. Dora, Florida 32757
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/03/2003 Document number: P03000025441

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

Lorna D. Orlandi
2705 Robie Avenue, Suite D
Mt. Dora, Florida 32757

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

Donna D. Smith
696 Montgomery Avenue
(P.O. Box or personal mailbox NOT acceptable)
Ocoee, Florida 34761

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.

Donna L. Dodson Smith Donna L. Dodson Smith, President
(Signature of an officer, chairman or vice chairman of the board) (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.

Donna L. Dodson Smith 08-16-05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Donna D. Smith President
(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