

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000025441

FILED
Sep 07, 2005
Secretary of State

Entity Name: THERAPEUTIC SPECIALTY SERVICES, INC.

Current Principal Place of Business:

2705 ROBIE AVENUE
SUITE D
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2705 ROBIE AVENUE
SUITE D
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 76-0727833 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, DONNA D
696 MONTGOMERY AVE.
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: SMITH, MICHAEL
Address: 696 MONTGOMERY AVE.
City-St-Zip: OCOEE, FL 34761

Title: TREA () Change (X) Addition
Name: COLE, DONALD M
Address: 611 MT. HOMER ROAD, #32
City-St-Zip: EUSTIS, FL 32726

Title: SEC () Change (X) Addition
Name: TOVET, HEATHER L
Address: 30953 SE 96TH LANE
City-St-Zip: ALTOONA, FL 32702

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: DONNA D. SMITH

P/D

09/07/2005

Electronic Signature of Signing Officer or Director

Date