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| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | Į |
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Office Use Only

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

| ADOOL GTT THED ADV | INO | | | | | | | | |
|--|---|--------------------------|---------------------|---------------|-------------------|---|--|--|--|
| SUBJECT: ABSOLUTE THERAPY, INC. (Name of corporation) | | | | | | | | | |
| DOCUMENT NUMBER: P99000 | 9005610 | . | aren eta e | · 1 — | ,. . . | | | | |
| The enclosed Statement of Change of | | Agent and fee | are submitte | d for filing. | | | | | |
| Please return all correspondence cor | • | • | | | | | | | |
| ALAN GREENFIELD, ESQ. (Name of personal control of personal contro | on} | <u> </u> | | <u>≠</u> . | - | . a- | | | |
| LAW OFFICES | | | * * * | TALLA | 03 SEP 22 PM | | | | |
| (Name of firm/con | ipany) | | | ES: | 22 | ======================================= | | | |
| 15105 NW 77 AVENUE, SUITE 303 | | . - | | SEL | _0 | Œ | | | |
| (Address) | | | | DJ-F | . 5 | | | | |
| MIAMI LAKES, FL 33014 | | | | | ် သိ | | | | |
| (City/state and zip | code) | | | | | | | | |
| For further information concerning t | his matter, please call | l: | | | | | | | |
| WILLIAM GUTHRIE (Name of person) | at (954 (Area co | 938-377 ode & daytime | 70 telephone nur | nber) | | | | | |
| Enclosed is a \$35.00 check made pa | yable to the Departme | ent of State. | | | | | | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | | . ma | | | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division of Corporat 409 E. Gaines Street Tallahassee, FL 323 | | | =-··· | | | | | |

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

| Pursuant to th | e provisions of sections | 607.0502, 617.05 | 02, 607.1508, or 617.15 | 98, Florida Statutes, |
|--|---|--|---|--|
| this statement of | • • | - | ganized under the laws oj Jice or registered agent, | • |
| of Florida. | | | | |
| 1. The name of | the corporation: ABSO | LUTE THERAPY, II | NC. | <u> </u> |
| | | | RIVE, SUITE 2, DAVIE, FL | 33328 |
| | <u> </u> | | ş11. | |
| 3. The mailing | address (if different):_P | . O. BOX 5208, FT. | LAUDERDALE, FL 33310 | |
| | | <u> </u> | <u> </u> | |
| 4. Date of inco | rporation/qualification: _ | 01/19/1999 | Document number: | P99000005610 |
| | nd street address of the cr artment of State: | ırrent registered ag | ent and registered office | on file with the |
| | JOEL MORRISON, ES | Q. | , | |
| | 1501 NW 49 STREET, | SUITE 200 | | |
| | FT. LAUDERDALE, FL | 33309 | | |
| 6. The name a changed): | and street address of the | new registered ag | gent (if changed) and /or | registered office (if |
| | ALAN GREENFIELD, E | SQ. | | |
| | 15105 NW 77 AVENUE | , SUITE 303 | 4 | |
| | (P.O. E | Box or personal mailbox NC | or acceptable) | |
| | MIAMI LAKES, FL 3301 | 4 | | |
| The street addragent, as chang | ress of its registered offi- ged will be identical. | ce and the street ac | ddress of the business of | ice of its registered |
| Such change wanthorized by | as authorized by resolut the board, or the corpora | ion duly adopted better the tion has been notified to the tion has | by its board of directors of fied in writing of the cha | or by an officer so nge. |
| | er, chairman or vice chairman of the | . , _ WIL | LIAM GUTHRIE, PRES. (Printed or typed name and ti | |
| | | | | |
| I further agree performance o registeredjage office address | to comply with the prove f my duties, and I am far nt. Or, if this document I worky confirm that the | visions of all statut miliar with and ac- is being filed mere | agree to act in this capa es relative to the proper cept the obligation of my ely to reflect a change in been notified in writing | and complete position as the registered of this change |
| "Clike, | | رهـ مــ | 8/26/03 | of this change. |
| | Signature of Registered Agent) | (- | (Date) | F SH |
| If signing on beha | If of an entity: | | | P 22 PH |
| | Typed or Printed Name) | <u> </u> | (Capacity) | 200 |
| ` | *** | FILING FEE: \$3 | | HE 모 O |
| | | e to Florida Departmei | nt of State and Mail to: Tallahassee, FL 32314 | 2: 55 FLORB |