

PA900000561C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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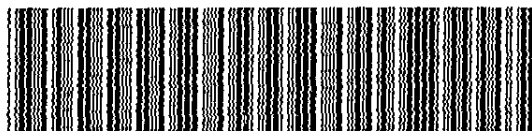
(Business Entity Name)

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TALLAHASSEE, FLORIDA

RA/RO Change
10/9/25/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABSOLUTE THERAPY, INC.
(Name of corporation)

DOCUMENT NUMBER: P99000005610

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN GREENFIELD, ESQ.
(Name of person)

LAW OFFICES
(Name of firm/company)

15105 NW 77 AVENUE, SUITE 303
(Address)

MIAMI LAKES, FL 33014
(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM GUTHRIE at (954) 938-3770
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

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TALLAHASSEE, FLORIDA

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.

- FILED
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA