

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90140 004 ***150.00

DOCUMENT # F96000004507

1. Entity Name
INTEGRATED THERAPY SERVICES, INC.



Principal Place of Business
**950 NORTHPOINT PKWY
STE 100
ALPHARETTA GA 30005
US**

Mailing Address
**950 NORTHPOINT PKWY
STE 100
ALPHARETTA GA 30005
US**

2. Principal Place of Business
**925 N. Point Parkway
Suite, Apt. #, etc.
Suite 440**

3. Mailing Address
**925 N. Point Parkway
Suite, Apt. #, etc.
Suite 440**

City & State
Alpharetta GA

City & State
Alpharetta GA

Zip
30005

Country
Fuller

Zip
30005

Country
Fuller

4. FEI Number
58-2144345

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **FOXWORTHY, MICHAEL L**
STREET ADDRESS **950 NORTHPOINT PKWY, 100**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **VSD** ☐ Delete
NAME **MITTLEIDER, DOUGLAS K**
STREET ADDRESS **950 NORTHPOINT PKWY, 100**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **AS** ☐ Delete
NAME **ROSSI, LINDA N**
STREET ADDRESS **950 NORTHPOINT PKWY, 100**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **AS** ☒ Delete
NAME **QUIROS, PAUL A**
STREET ADDRESS **191 PEOCHTREE ST, 46TH FL**
CITY-ST-ZIP **ATLANTA GA 30303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **925 N. Point Parkway, Ste 440**
CITY-ST-ZIP **Alpharetta GA 30005**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **925 N. Point Parkway, Ste 440**
CITY-ST-ZIP **Alpharetta GA 30005**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)