2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2009
Secretary of State

DOCUMENT# N08000004253

Entity Name: INTENSIVE THERAPIES CENTER FOR HOPE INC.

Current Principal Place of Business:

700 S HARBOUR ISLAND BLVD, UNIT 339
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

700 S HARBOUR ISLAND BLVD, UNIT 339
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD SUITE A-100
TAMPA, FL 33612 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: P ( ) Delete
Name: BIFULCO, SANTO STEVEN MD
Address: 450 KNIGHTS RUN AVE #605
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: BIFULCO, CYNTHIA E RN
Address: 450 KNIGHTS RUN AVE #605
City-St-Zip: TAMPA, FL 33602

Title: T (X) Delete
Name: AUSLANDER, PAUL H
Address: 450 KNIGHTS RUN AVE #605
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BIFULCO, SANTO STEVEN MD
Address: 700 S HARBOUR ISLAND BLVD #339
City-St-Zip: TAMPA, FL 33602

Title: S (X) Change ( ) Addition
Name: BIFULCO, CYNTHIA E RN
Address: 700 S HARBOUR ISLAND BLVD #339
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTO STEVEN BIFULCO P 07/18/2009

Electronic Signature of Signing Officer or Director — Date