

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004253

FILED  
Aug 13, 2014  
Secretary of State

**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:**

1502 WEST FLETCHER AVE.  
107  
TAMPA, FL 33612

**Current Mailing Address:**

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

**New Mailing Address:**

1502 WEST FLETCHER AVE.  
107  
TAMPA, FL 33612

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**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: SANTO STEVEN BIFULCO MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIFULCO, SANTO STEVEN MD  
Address: 1502 WEST FLETCHER AVE SUITE 107  
City-St-Zip: TAMPA, FL 33612

Title: S  
Name: BIFULCO, CYNTHIA E RN  
Address: 16202 SEPTEMBER DRIVE  
City-St-Zip: TAMPA, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: SANTO STEVEN BIFULCO MD

P

08/13/2014

Electronic Signature of Signing Officer or Director

Date