2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009726

Entity Name: ITNSARASOTA, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2688 FRUITVILLE ROAD SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

2688 FRUITVILLE ROAD SARASOTA, FL 34237

FEI Number: 01-0915148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORELICK, PHILIP D

2688 FRUITVILLE ROAD

SARASOTA, FL 34237 US

KNOPP, TANICE Y

2688 FRUITVILLE ROAD

SARASOTA, FL 34237 US

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: DR. TANICE Y KNOPP 04/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: CHAPMAN, ROSE D (X) Change () Addition Name: LARUSSO, SOPHIA

Address: 2688 FRUITVILLE ROAD Address: 2688 FRUITVILLE ROAD City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34237

Title: D () Delete Title: () Change () Addition

 Name:
 GORELICK, PHILIP D
 Name:

 Address:
 2688 FRUITVILLE ROAD
 Address:

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BIGNER, W. MICHAEL
 Name:

 Address:
 2688 FRUITVILLE ROAD
 Address:

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: SHUKOVSKY, DAVID Name: SHUKOVSKY, DAVID J

 Name:
 SHUKOVSKY, DAVID
 Name:
 SHUKOVSKY, DAVID J

 Address:
 2688 FRUITVILLE ROAD
 Address:
 2688 FRUITVILLE ROAD

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 SARASOTA, FL 34237

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: DR. TANICE KNOPP EX D 04/20/2009