

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010456

FILED
May 01, 2012
Secretary of State

Entity Name: INTEGRATIVE THERAPY FOR OUR VETERANS, INC.

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD, SUITE 207
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD, SUITE 207
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
C/O CUMMINGS & LOCKWOOD LLC
3001 TAMiami TRAIL NORTH, 4TH FL
NAPLES, FL 34103 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: D/PR
Name: HUJSA, IRENE U
Address: 27499 RIVERVIEW CENTER BLVD, SUITE 207
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D/VP
Name: HUJSA, HOWARD M
Address: 27499 RIVERVIEW CENTER BLVD, SUITE 207
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D/S
Name: LANCASTER, ROBERT L
Address: 27499 RIVERVIEW CENTER BLVD, SUITE 207
City-St-Zip: BONITA SPRINGS, FL 34134

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: HOWARD M. HUJSA

VP

05/01/2012

Electronic Signature of Signing Officer or Director

Date