2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # N49785 04-08-2005 90058 001 ****61.25 1. Entity Name INTERVENTION SERVICES, INC. Principal Place of Business Mailing Address $\mathbf{F} \mathbf{A} \mathbf{A} \mathbf{G} \mathbf{G} \mathbf{G} \mathbf{G} \mathbf{D}$ 620 NORTH CRAYCROFT 4910 CREEKSIDE DRIVE TUCSON, AZ 85711 SUITE D CLEARWATER, FL 33760 2. Principal Place of Busines Mailing Address 120 20 Suite, Apt. #, elc. Suite, Apt. #. etc. 04042005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 65-0439778 orido Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2005 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition ☐ Delete TITLE TITLE Minnis, Anthony D. MINNIS, ANTHONY D NAME NAME Maitland, F 29044 OLD MILL WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 327S CITY-ST-ZIP X Addition Change D ☐ Delete TITLE TITLE FAVIS, MARTIN NAME NAME Scanlon, Virginia 4910-D CREEKSIDE DR STREET ADDRESS STREET ADDRESS 120 CLEARWATER, FL 33760 CITY-ST-ZIP CITY-ST-ZIE ☐ Change **Addition** DVP TITLE □ Defete BECKER, SUSAN NAME NAME STREET ADDRESS 150 SPARTAN DRIVE STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIR Addition Delete TITLE Change VP. TITLE DIBRIZZI, MIKE NAME NAME 4910-D CREEKSIDE DR STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE DST NAME REINECKER, CHRIS NAME 4910-D CREEKSIDE DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Change ☐ Addition TITLE Delete TITLE MOHR, ROBERT NAME NAME STREET ADORESS 334 LOWNDES AVE STREET ADDRESS

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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 617, 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.

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ORMOND BEACH, FL 32174

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SHW. SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC