

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000057431

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIVE TREATMENT SERVICES, INC.

**Current Principal Place of Business:**

410 NW 3RD STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

850 NW FEDERAL HIGHWAY  
SUITE 107  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 05-0569057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUSSEY, TIMOTHY H  
410 NW 3RD STREET  
OKEECHOBEE, FL 34972 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: PD  
Name: HUSSEY, TIMOTHY H  
Address: 239 NW RED CEDAR STREET  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VD  
Name: HUSSEY, KYLE  
Address: 239 NW RED CEDAR STREET  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD  
Name: SMITH, JULIE  
Address: 239 NW RED CEDAR STREET  
City-St-Zip: JENSEN BEACH, FL 34957

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY H. HUSSEY

PD

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date