

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001452

**Entity Name:** INTERNATIONAL ASSOCIATION OF TRAUMA & ADDICTION  
COUNSELORS, INC.

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC9704080597**

**Current Principal Place of Business:**

555 SW 148TH AVE  
BLDG 4  
SUNRISE , FL 33325

**Current Mailing Address:**

PO BOX 551242  
DAVIE, FL 33355 US

**FEI Number: 65-0728592**

**Certificate of Status Desired: No**

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

DVORAK, THOMAS W  
915 MIDDLE RIVER DR. #518  
FORT LAUDERDALE, FL 33304 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPTS  
Name HOSKINS, DAVID  
Address 2504 N. ATLANTIC BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33305

Title D  
Name MANRIQUE, IVAN  
Address 690 SW 1ST COURT  
City-State-Zip: MIAMI FL 33130

Title DVP  
Name DVORAK, THOMAS W  
Address 3101 PORT ROYALE BLVD #1317  
City-State-Zip: FORT LAUDERDALE FL 33304

*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: THOMAS W DVORAK**

**DIRECTOR**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date