

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1996 08:00 AM**  
Secretary of State

DOCUMENT # **N21249** (0)

1. Corporation Name  
**CH.A.D.D., INC.(CHILDREN AND ADULTS WITH ATTENTI  
ON DEFICIT DISORDERS)**



Principal Place of Business Mailing Address  
**% HARVEY C. PARKER**  
**499 NW 70 AVE. STE 109**  
**PLANTATION FL 33317**  
**US**

3. Date Incorporated or Qualified **06/22/1987** 3a. Date of Last Report **02/02/1995**  
4. FEI Number **59-2817697** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **499 NW 70th Ave** 26 **499 NW 70th Ave.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 101** 27 **Suite 101**  
City & State City & State  
23 **Plantation, FL** 28 **Plantation, FL**  
Zip Country Zip Country  
24 **33317** 25 **USA** 29 **33317** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**PARKER, HARVEY C., PH.D.**  
**499 NW 70 AVE**  
**STE 109**  
**PLANTATION FL 33317**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | PPD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FELL, BONNIE                                   | 1.2 NAME  | Mary Richard   |
| STREET ADDRESS             | 4520 GROVE                                     | 1.3 STREET ADDRESS                                    | 1250 Melrose Ave.  |
| CITY-ST-ZIP                | SKOKIE FL                                      | 1.4 CITY-ST-ZIP                                       | Iowa City, IA 52246  |
| TITLE                      | SD <input type="checkbox"/> DELETE             | 2.1 TITLE   | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOY, JULIE                                     | 2.2 NAME  | Sheila Anderson  |
| STREET ADDRESS             | 916 45TH ST                                    | 2.3 STREET ADDRESS                                    | 17056 159th Place SE   |
| CITY-ST-ZIP                | WEST DES MOINES IA                             | 2.4 CITY-ST-ZIP                                       | Renton, WA 98058   |
| TITLE                      | TD <input type="checkbox"/> DELETE             | 3.1 TITLE   | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARKER, HARVEY C PH D                          | 3.2 NAME  | Harvey C. Parker Ph.D.   |
| STREET ADDRESS             | 300 NW 70TH AVE STE 102                        | 3.3 STREET ADDRESS                                    | 300 NW 70th Ave Suite 102  |
| CITY-ST-ZIP                | PLANTATION FL                                  | 3.4 CITY-ST-ZIP                                       | Plantation, FL 33317   |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | KOSH, ELLEN                                    | 4.2 NAME  | Julie Doy  |
| STREET ADDRESS             | 1103 BUTLER PIKE                               | 4.3 STREET ADDRESS                                    | 916 45th St.   |
| CITY-ST-ZIP                | BLUE BELL PA                                   | 4.4 CITY-ST-ZIP                                       | West Des Moines, IA 50265  |
| TITLE                      | PED <input type="checkbox"/> DELETE            | 5.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | RICHARD, MARY                                  | 5.2 NAME  | Joanne Evans   |
| STREET ADDRESS             | 1250 MELROSE AVE                               | 5.3 STREET ADDRESS                                    | 625 Shoreline CT   |
| CITY-ST-ZIP                | IOWA CITY IA                                   | 5.4 CITY-ST-ZIP                                       | Eau Claire, WI 54703   |
| TITLE                      | PD <input type="checkbox"/> DELETE             | 6.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | EVANS, JOANNE                                  | 6.2 NAME  | Maureen Gill   |
| STREET ADDRESS             | 625 SHORELINE CT                               | 6.3 STREET ADDRESS                                    | 3819 Beech Down Drive  |
| CITY-ST-ZIP                | EAU CLAIRE WI                                  | 6.4 CITY-ST-ZIP                                       | Chantilly VA 22021   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* 2/15/96 (954)387-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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**ADDITIONAL DIRECTORS**

HAL MEYER  
215 West 75th Street  
New York, NY 10023-1799

MARY ROBERTSON  
2445 Brookshire Circle  
Lexington, KY 40515

MARLENE SNYDER, Ph.D.  
1020 Dorsey Street  
Beatrice, NE 68310

MICKEY EDWARDS (INACTIVE)  
11 Douglas Street  
Belmont, MA 02178