

2/18/98

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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
499 NW 7 0TH AVE STE 101 PLANTATION FL 33317 US
499 NW 70TH AVE STE 101 PLANTATION FL 33317 US



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
06/22/1987
4. FEI Number 59-2817697 Applied For Not Applicable
6. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PARKER, HARVEY C., PH.D.
499 NW 70 AVE
STE 109
PLANTATION FL 33317

10. Name and Address of New Registered Agent
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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	RICHARD, MARY	1.2 NAME	Shelia Anderson
STREET ADDRESS	1250 MELROSE AVE	1.3 STREET ADDRESS	17056 159th place SE
CITY-ST-ZIP	IOWA CITY IA	1.4 CITY-ST-ZIP	RENTON WA 98058
TITLE	PD	2.1 TITLE	D
NAME	DOY, JULIE	2.2 NAME	MARY ROBERTSON
STREET ADDRESS	916 45TH ST	2.3 STREET ADDRESS	2445 Brookshire Circle
CITY-ST-ZIP	WEST DES MOINES IA	2.4 CITY-ST-ZIP	LEXINGTON KY 40515
TITLE	TD	3.1 TITLE	D
NAME	PARKER, HARVEY C PH D	3.2 NAME	Linda Smith
STREET ADDRESS	300 NW 70TH AVE STE 102	3.3 STREET ADDRESS	2590 S. Lexington Drive
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	BOUNTBELL, VT 05410
TITLE	D	4.1 TITLE	D
NAME	DOY, JULIE	4.2 NAME	
STREET ADDRESS	916 45TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	PED	5.1 TITLE	
NAME	RICHARD, MARY	5.2 NAME	
STREET ADDRESS	1250 MELROSE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	IOWA CITY IA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COHEN, MATT	6.2 NAME	
STREET ADDRESS	225 W WEST WASHINGTON	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

Change Addition

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14. 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 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: Shelia Anderson 1/20/98 (425) 228-4820

CRE037 (1097)