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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21249

1. Corporation Name

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

556950 - 90097 - 17

Principal Place of Business

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

Mailing Address

499 NW 70TH AVE
~~STE 101~~
 PLANTATION FL 33317
 U.S.



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/22/1987

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME ANDERSON, SHEILA
 STREET ADDRESS 17056 159TH PLACE SE
 CITY-ST-ZIP RENTON WA 98058

TITLE B DELETE
 NAME ROBERTSON, MARY
 STREET ADDRESS 2445 BROOKSHIRE CIR
 CITY-ST-ZIP LEXINGTON KY 40515

TITLE B DELETE
 NAME SMITH, LINDA
 STREET ADDRESS 3590 S LEXINGTON DR
 CITY-ST-ZIP BOUNTIFUL VT 84010

TITLE D DELETE
 NAME COHEN, MATT
 STREET ADDRESS 225 W WEST WASHINGTON
 CITY-ST-ZIP CHICAGO IL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE TREASURER Change Addition
 4.2 NAME RACHA STEWART
 4.3 STREET ADDRESS 2470 ANITA DRIVE
 4.4 CITY-ST-ZIP BROOKFIELD, WI 53045

5.1 TITLE CEO Change Addition
 5.2 NAME JOHN HEAVENER JR
 5.3 STREET ADDRESS 8181 PROFESSIONAL PLACE, Suite 201
 5.4 CITY-ST-ZIP LANDOVER, MD 20785

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

John Heavener Jr SIGNATURE REQUIRED JOHN HEAVENER JR 5/18/99 (301) 306-7070
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)