


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90188 005 \*\*\*\*61.25

<b>DOCUMENT # N21249</b>			
1. Entity Name <b>CHADD, INC. (CHILDREN &amp; ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER)</b>			
Principal Place of Business <b>8181 PROFESSIONAL PL. SUITE 150 LANDOVER, MD 20785 US</b>		Mailing Address <b>8181 PROFESSIONAL PL. SUITE 150 LANDOVER, MD 20785 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-2817697</b>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC.          2731 EXECUTIVE PARK DRIVE          SUITE 4          WESTON, FL 33331</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>WESTIN, FL</b> Zip Code <b>FL</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DURHEIM, MARY</b> <b>101 WEST IRIS</b> <b>MCALLEN, TX 78501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IPP</b> <b>POLK GREEN, EVELYN</b> <b>11453 SOUTH VINCENNES AVE</b> <b>CHICAGO, IL 60643</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREEN, EVELYN</b> <b>11453 SOUTH VINCENNES AVE.</b> <b>CHICAGO, IL 60643</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TEETER ELLISON, PHYLLIS A</b> <b>4200 HARTFORD AVE UOW MILWAUKEE</b> <b>MILWAUKEE, WI 53201</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>SOLEIL GREGG</b> <b>PO BOX 107</b> <b>HURRICANE, NY 25526</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ZEIGLER DENDY, CHRIS A</b> <b>650 COUNTY RD 650</b> <b>CEDAR BLUFF, AL 35959</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>PAULA STEWART</b> <b>1907 HARBOUR CIR.</b> <b>CAPE CORAL, FL 33914</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>ROSS, E CLARKE</b> <b>8181 PROFESSIONAL PL., STE 201</b> <b>LANDOVER, MD 20785</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8181 PROFESSIONAL PL., STE. 150</b>
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>E. Clarke Ross</u>		Date: <u>Feb 28, 05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>301-306-7070</u>	

50023946



02282005 Chg-NP CR2E037 (10/03)

# ATTACHMENT



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CHADD Board of Directors' Manual

Section 1.1, Organizational Information

CHADD National Board of Directors, Page 2

## CHADD National Board of Directors 2004-2005

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#### President

June 2006

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#### President-Elect

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### Soleil Gregg, MA

#### Secretary

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### Paula Stewart, R.N.

#### Treasurer

June 2006

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### Milton F. Beltrán

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# ATTACHMENT



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Section 1.1, Organizational Information

CHADD Board of Directors' Manual

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**Peter S. Jensen, M.D.**

June 2005

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***Non-Voting Members:***

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