

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001504

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** DEVELOPMENTAL DISABILITIES AND REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

10899 S.W. 4TH ST  
MIAMI, FL 33174

**New Principal Place of Business:**

2700 WEST 81 STREET  
HIALEAH, FL 33016

**Current Mailing Address:**

P. O. BOX 160879  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 65-0727825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROY R. LUSTIG, ESQ.  
2600 DOUGLAS RD STE 908  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PMD ( ) Delete  
Name: ANIELLO, JOSEPH A.  
Address: 10899 S.W. 4TH STREET  
City-St-Zip: MIAMI, FL 33174

Title: CD ( ) Delete  
Name: BONCHICK, NORMAN  
Address: 10742 ST. ANDREWS ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST ( ) Delete  
Name: STEINHART, CRAIG  
Address: 2501 NE 22ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PMD (X) Change ( ) Addition  
Name: ANIELLO, JOSEPH A.  
Address: 2700 WEST 81 STREET  
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH A. ANIELLO

DR.

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date