2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400005200

FILED Apr 11, 2011 Secretary of State

Entity Name: FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY, INC.

Current Principal Place of Business: New Principal Place of Business:

325 JOHN KNOX RD 3333 WEST PENSACOLA STREET BLDG 400, SUITE 402 BLDG 100, STE. 140

TALLAHAŠSEE, FL 32303 US TALLAHAŠSEE, FL 32304 US

Current Mailing Address: New Mailing Address:

325 JOHN KNOX RD

3333 WEST PENSACOLA STREET
BLDG 400, SUITE 402

TALLAHASSEE, FL 32303

US

3333 WEST PENSACOLA STREET
BLDG 100, STE. 140
TALLAHASSEE, FL 32304

US

TALLAHASSEE, FL 32304

US

FEI Number: 59-3352342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOWELLS, STEVEN L MR.

325 JOHN KNOX RD

BLDG 400, SUITE 402

TALLAHASSEE, FL 32303 US

HOWELLS, STEVEN L MR.

3333 WEST PENSACOLA STREET
BLDG 100, STE. 140

TALLAHASSEE, FL 32304 US

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: 04/11/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: BC

Name: MILLER, GAIL

Address: 3333 WEST PENSACOLA STREET City-St-Zip: TALLAHASSEE, FL 32304 US

Title: ED

Name: HOWELLS, STEVEN L MR.
Address: 3333 WEST PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304 US

I hereby 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 all other like empowered.

SIGNATURE: STEVE HOWELLS ED 04/11/2011