## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21249

Entity Name: CHADD, INC. (CHILDREN & ADULTS WITH ATTENTION-

DEFICIT/HYPERACTIVITY DISORDER)

**Current Principal Place of Business:** 

4601 PRESIDENT'S DRIVE SUITE 30

LANHAM, MD 20706

## **Current Mailing Address:**

4601 PRESIDENT'S PLACE SUITE 300 LANHAM, MD 20706 US

FEI Number: 59-2817697 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Name

Title

Date Electronic Signature of Registered Agent

City-State-Zip:

BALTIMORE MD 21093

Officer/Director Detail:

Title **PRESIDENT** Title COO

Name MACKAY, MICHAEL Name GOWER-GETZ, APRIL

8507 COUNTRY BROOKE WAY Address Address 4601 PRESIDENT'S DRIVE, SUITE 300

City-State-Zip: LUTHERVILLE TIMONIUM MD 21093 City-State-Zip: LANHAM MD 20706

Title **SECRETARY** Title DIR

ALPERN, INGRID Name GOODMAN, DAVID W DR. 2520 OAKENSHIELD DRIVE Address

Address JOHNS HOPKINS AT GREEN SPRING

City-State-Zip: POTOMAC MD 20854-2987 **STATION** 

10751 FALLS ROAD SUITE 306

Name MICHEL, TISH

Address 9800 COASTAL HWY UNIT 1001

OCEAN CITY MD 21842-2699 City-State-Zip:

**TREASURER** 

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: APRIL GOWER-GETZ COO 01/29/2016

**FILED** Jan 29, 2016

**Secretary of State** 

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