

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21249

FILED
Feb 02, 2023
Secretary of State
9881719647CC

Entity Name: CHADD, INC. (CHILDREN & ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER)

Current Principal Place of Business:

4221 FORBES BLVD.
SUITE 270
LANHAM, MD 20706

Current Mailing Address:

4221 FORBES BLVD.
SUITE 270
LANHAM, MD 20706 US

FEI Number: 59-2817697

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HUDAK, PATRICIA M
Address 9179 BROKEN OAK PLACE
City-State-Zip: BURKE VA 22015-3564

Title CEO
Name KULIKOSKY, CAE, LAUREL
Address 4221 FORBES BLVD.
 270
City-State-Zip: LANHAM MD 20706

Title SECRETARY
Name FOY, BRIAN
Address 1711 JORDYN CT.
City-State-Zip: DAVENPORT IA 52807

Title TREASURER
Name O'MALLEY, BOB
Address 36 CHESTNUT HILL ROAD
City-State-Zip: HOWELL NJ 07731-1746

Title DIRECTOR
Name PARKER, HARVEY C
Address 4601 PRESIDENT'S PLACE
 SUITE 300
City-State-Zip: LANHAM MD 20706

Title DIRECTOR
Name WINITZER, MAX
Address NEUROLOGICAL INSTITUTE AT
 UNIVERSITY DIV. OF NEUROLOGY
 11100 EUCLID AVENUE
City-State-Zip: CLEVELAND OH 44106

Title DIRECTOR
Name OREM, DONNA HYPERACTIVITY
Address 5504 BURLING COURT
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name PERRY-JONES, RHASHIDAH
Address 6603 N 12TH STREET
City-State-Zip: PHILADELPHIA PA 19126

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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: PATRICIA HUDAK

PRESIDENT

02/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SURMAN, MD, CRAIG
Address 21 ELIOT STREET
MASSACHUSETTS GENERAL HOSPITAL
City-State-Zip: NATICK MA 01760-6085

Title DIRECTOR
Name PEARSON, SHIRELLE F.
Address 187 HOFFMAN AVENUE
City-State-Zip: ELMONT NY 11003

Title DIRECTOR
Name KATZ, JEFFREY
Address 2940 N LYNNHAVEN ROAD STE. 1100
City-State-Zip: VIRGINIA BEACH VA 23452-6949

Title DIRECTOR
Name DIDIER, JEREMY
Address 11700 W 143RD STREET
City-State-Zip: OVERLAND PARK KS 66221-9571