#### 2022 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:** 

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: 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:

Electronic Signature of Registered Agent

Date

**FILED** Jan 24, 2022

**Secretary of State** 

3439451601CC

Officer/Director Detail:

**PRESIDENT** Title Title COO

Name HUDAK, PATRICIA M Name BUCKLEY-BISHOP, INTERIM CEO,

RHONDA Address 9179 BROKEN OAK PLACE

4221 FORBES BLVD. Address BURKE VA 22015-3564 SUITE 270

City-State-Zip:

City-State-Zip: LANHAM MD 20706 Title **SECRETARY** 

Title **TREASURER** FOY, BRIAN Name

Name O'MALLEY, BOB 1711 JORDYN CT. Address

Address 36 CHESTNUT HILL ROAD DAVENPORT IA 52807 City-State-Zip:

City-State-Zip: HOWELL NJ 07731-1746

Title **DIRECTOR** 

Address

5504 BURLING COURT

Title DIRECTOR PARKER, HARVEY C Name

WINITZER, MAX Name Address 4601 PRESIDENT'S PLACE SUITE 300

NEUROLOGICAL INSTITUTE AT Address City-State-Zip:

UNIVERSITY DIV. OF NEUROLOGY LANHAM MD 20706

11100 EUCLID AVENUE

CLEVELAND OH 44106 Title **DIRECTOR** City-State-Zip:

OREM, DONNA HYPERACTIVITY Name Title **DIRECTOR** 

PERRY-JONES, RHASHIDAH Name City-State-Zip: BETHESDA MD 20817

Address 6603 N 12TH STREET

> City-State-Zip: PHILADELPHIA PA 19126

### Continues on page 2

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: RHONDA BUCKLEY-BISHOP, INTERIM CEO

INTERIM CEO

01/24/2022

## Officer/Director Detail Continued:

City-State-Zip: OVERLAND PARK KS 66221-9571

Name

**DIRECTOR** Title Title DIRECTOR

Name KEEPNEWS, DAVID Name SURMAN, MD, CRAIG

Address 3823 RODMAN STREET NW #D22 Address 21 ELIOT STREET MASSACHUSETTS GENERAL

City-State-Zip: WASINGTON DC 20016-2816 HOSPITAL

NATICK MA 01760-6085 City-State-Zip: Title DIRECTOR

KATZ, JEFFREY Name Title **DIRECTOR** 

2940 N LYNNHAVEN ROAD STE. 1100 Address Name PEARSON, SHIRELLE F. Address 187 HOFFMAN AVENUE City-State-Zip: VIRGINIA BEACH VA 23452-6949

City-State-Zip: ELMONT NY 11003 Title **DIRECTOR** 

DIDIER, JEREMY Address 11700 W 143RD STREET