2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# M95000000151

Entity Name: DEVELOPMENTAL DISABILITY MANAGEMENT SERVICES, L.C.

Current Principal Place of Business:

468 HALLE PARK DRIVE
COLLIERVILLE, TN 38017

New Principal Place of Business:

Current Mailing Address:

468 HALLE PARK DRIVE
COLLIERVILLE, TN 38017

New Mailing Address:

FEI Number: 52-1920774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, C. GARY
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32303 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SWATLEY, TERRY
Address: 468 HALLE PARK DR.
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGRM ( ) Delete
Name: NABIT, CHARLES J
Address: 17 COMMERCE STREET
City-St-Zip: BALTIMORE, MD 21202

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRY SWATLEY MGRM 07/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date