

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001077

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF DRUG DIVERSION INVESTIGATORS OF FLORIDA, INC.

**Current Principal Place of Business:**

3225 N. HIATUS ROAD  
# 451892  
SUNRISE, FL 333451892

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 451892  
SUNRISE, FL 333451892

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MCELHANEY, LISA  
3225 N. HIATUS ROAD  
# 451892  
FT LAUDERDALE, FL 33312 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ABRAMOWITZ, BARRY  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

Title: V  
Name: DURR, JAMES  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

Title: S  
Name: HANNAN, BRUCE  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

Title: T  
Name: HALL-ABRAMOWITZ, LORRI  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

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: LISA MCELHANEY

RA

05/02/2010

Electronic Signature of Signing Officer or Director

Date