

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009694

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** DISABILITY SOLUTIONS FOR INDEPENDENT LIVING, INC.

**Current Principal Place of Business:**

119 SOUTH PALMETTO AVE, SUITE 180  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

119 SOUTH PALMETTO AVE, SUITE 180  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 20-1755435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAW, JULIE M  
119 SOUTH PALMETTO AVE., SUITE 180  
DAYTONA BEACH, FL 32114 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ABELS, KATE  
Address: 343 AUBURN DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T  
Name: RABIN, ALLEN J  
Address: 525 SHADOW LAKES  
City-St-Zip: ORMOND BEACH, FL 32174

Title: P  
Name: FRANCE, J. GREG  
Address: 168 COMMUNITY DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: MEMB  
Name: MULVIHILL, PATRICK  
Address: 25 SEDERHOLM PATH  
City-St-Zip: PALM COAST, FL 32164

Title: S  
Name: JANOWSKI, RODNEY O  
Address: 815 N OLEANDER AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MEMB  
Name: DECARIE, JOHN  
Address: 1102 PELICAN BAY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32119

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: JULIE M SHAW

ED

01/31/2012

Electronic Signature of Signing Officer or Director

Date