

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012336

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SAM WILCOX FOR SPECIAL NEEDS RESEARCH, INC.

**Current Principal Place of Business:**

10200 STATE RD. 84  
STE. 223  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

5720 S.W. 195TH TERRACE  
SOUTHWEST RANCHES, FL 33332

**New Mailing Address:**

**FEI Number:** 65-1284327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REID, LYDIA  
5720 S.W. 195TH TERRACE  
SOUTHWEST RANCHES, FL 33332 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: DR  
Name: REID, LYDIA  
Address: 5720 S.W. 195 TER  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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: LYDIA REID

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date