2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# N08000010334

Entity Name: THE DIVISION FOR PHYSICAL AND HEALTH DISABILITIES, INC

Current Principal Place of Business:

6711 SPANISH MOSS CIRCLE
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

6711 SPANISH MOSS CIRCLE
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 26-3704935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

DELOACH, PAMELA
6711 SPANISH MOSS CIRCLE
TAMPA, FL 33625 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: P ( ) Delete
Name: COLEMAN, MARI-BETH
Address: BOX 3979 GEORGIA STATE UNIVERSITY
City-St-Zip: ATLANTA, GA 30302 US

Title: VP ( ) Delete
Name: JACKSON GLIMPS, BLANCHE
Address: 3500 JOHN MERRITT BLVD.
City-St-Zip: NASHVILLE, TN 37209 US

Title: S ( ) Delete
Name: HIGHNOTE ALLGOOD, MARGARET
Address: PO BOX 7
City-St-Zip: CAVE SPRING, GA 30124 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 an address, with all other like empowered.

SIGNATURE: PAMELA K. DELOACH PRES 07/30/2009

Electronic Signature of Signing Officer or Director — Date