

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010334

FILED
Sep 10, 2010
Secretary of State

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

Current Principal Place of Business:

121 OXFORD SQUARE
CARROLLTON, GA 30117 US

New Principal Place of Business:

Current Mailing Address:

121 OXFORD SQUARE
CARROLLTON, GA 30117 US

New Mailing Address:

FEI Number: 26-3704935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Title: VP
Name: PUFPAFF, LISA
Address: 2000 W. UNIVERSITY AVE.
City-St-Zip: MUNCIE, IN 47306 US

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

Title: T
Name: COOPER, MARGARET A
Address: 121 OXFORD SQUARE
City-St-Zip: CARROLLTON, GA 30117

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: MARGARET A. COOPER

T

09/10/2010

Electronic Signature of Signing Officer or Director

Date