

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011058

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** SOLUTIONS FOR ADHD, INC.

**Current Principal Place of Business:**

10055 N DAYLILY TERRACE  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

10055 N DAYLILY TERRACE  
CRYSTAL RIVER, FL 34428 US

**New Mailing Address:**

**FEI Number:** 27-4117108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTERS, DEE  
317 BRAZIL DRIVE  
ST. AUGUSTINE, FL 32095 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:** HOWARD, MARCY L MD  
**Address:** 10055 N DAYLILY TERRACE  
**City-St-Zip:** CRYSTAL RIVER, FL 34428 US

**Title:** VP  
**Name:** THOMAS-KNIGHT, SUSAN  
**Address:** 1971 W GARDENIA DR.  
**City-St-Zip:** DUNNELLON, FL 34434 US

**Title:** S  
**Name:** SOLOMON, MONICA  
**Address:** 110033 N MORRELL DR.  
**City-St-Zip:** DUNNELLON, FL 34434 US

**Title:** T  
**Name:** GARRISON-EHALT, LISA  
**Address:** 700 SE 5TH TERRACE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429 US

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:** MARCY HOWARD

P

02/18/2011

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

\_\_\_\_\_  
Date