## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000010237

Jul 23, 2012 Secretary of State

Entity Name: DEVELOPMENTAL DISABILITY SPECIALTIES & ASSOCIATES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1090 KANE CONCOURSE SUITE 204 1090 KANE CONCOURSE BAY HARBOR ISLAND, FL 33154

SUITE 204

BAY HARBOR ISLAND, FL 33154

**Current Mailing Address: New Mailing Address:** 

1090 KANE CONCOURSE PO BOX 1172 GARNER, NC 27529

SUITE 204

BAY HARBOR ISLAND, FL 33154

FEI Number: 45-3936159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TUMAN, JONATHAN TUMAN, JONATHAN 1090 KANE CONCOURSE SUITE 204 1090 KANE CONCOURSE BAY HARBOR ISLAND, FL 33154 SUITE 204

BAY HARBOR ISLAND, FL 33154 US

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: JONATHAN TUMAN 07/23/2012 Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

TUMAN, JONATHAN Name:

Address: 2851 NW 183RD ST APT 1703 City-St-Zip: AVENTURA, FL 33160

Title: ED

Name: SCOTT, RITA N

Address: 4123 NW 88 AVENUE # 106 City-St-Zip: CORAL SPRINGS, FL 33065

Title:

LORENZ, BARBARA D Name: 421 POINCIANA ISLAND DR Address: City-St-Zip: SUNNY ISLES, FL 33160

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: JONATHAN TUMAN DDS PA Ρ 07/23/2012