

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003556 (7)

1. Corporation Name

MENTAL RETARDATION SERVICES, INC.



Principal Place of Business

6299 WEST SUNRISE BLVD.
BUILDING 111
SUNRISE FL 33313

Mailing Address

6299 WEST SUNRISE BLVD.
BUILDING 111
SUNRISE FL 33313

2. Principal Place of Business

2a. Mailing Address

21 10501 N.W. 50TH ST

26 SAME

22 Suite, Apt. #, etc. BLDG 109

27 Suite, Apt. #, etc.

23 City & State SUNRISE FLA

28 City & State

24 Zip 33351 Country BROWARD

29 Zip Country

9. Name and Address of Current Registered Agent

HULLETT, FREDDIE JR, MD
6299 WEST SUNRISE BLVD
BLDG 111
SUNRISE FL 33313

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0506222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be --
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name FRED J HULLETT SR.

82 Street Address (P.O. Box Number is Not Acceptable)

83 760 - N.W. 75 TERR

84 City PLANTATION

FL

85 Zip Code

33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

6/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HULLETT, FREDDIE J JR, MD
STREET ADDRESS 6299 WEST SUNRISE BLVD., BLDG. 111
CITY - ST - ZIP SUNRISE FL 33313

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE HULL ☐ DELETE
NAME ETT, FRED J SR
STREET ADDRESS 760 NW 75 TERR
CITY - ST - ZIP PLANTATION FL 33317

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME HARRIS, HOWARD O
STREET ADDRESS 242 NE 166 ST
CITY - ST - ZIP N.M.B. FL 33162

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 954-741-2322

CR2E037 (12/95)