## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 13, 2002 8:00 am DOCUMENT # **N9400003556 Secretary of State** 1. Entity Name MENTAL RETARDATION SERVICES, INC. 03-13-2002 90149 042 \*\*\*\*70.00 Principal Place of Business Mailing Address 760 NW 75TH TERR 760 NW 75TH TERR PLANTATION FL 33317 PLANTATION FL 33317 3. Mailing Address SAME Applied For City & State 4. FEI Number 65-0506222-\$8:75 Additional Country 5. Certificate of Status Desired 1 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HULLETT, FRED J SR 760 NW 75 TERR PLANTATION FL 33317 City Zip Code 8. 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE HUILLETT, FREDDIE J JR.,MD NAME 6299 WEST SUNRISE BLVD., BLDG. 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33313 CITY-ST-ZIP PRES, TITLE ☐ Delete TITLE ETT, FRED J SR NAME NAME 760 NW 75 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HARRIS, HOWARD O NAME NAME 242 NE 166 ST STREET ADDRESS STREET ADDRESS N.M.B. FL 33162 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**