


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90054 041 \*\*\*\*70.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N96000001504</b><br>1. Entity Name<br><b>DEVELOPMENTAL DISABILITIES AND REHABILITATION SERVICES, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br>10899 S.W. 4TH ST<br>MIAMI, FL 33174   |  |   | Mailing Address<br>10899 S.W. 4TH ST<br>MIAMI, FL 33174      |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |  |
| City & State  |  |   | City & State   |   |  |
| Zip   |  | Country   |  | Zip   |  |
| Country   |  | Country   |  | 4. FEI Number<br><b>65-0727825</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROY R. LUSTIG, ESQ.</b><br><b>2600 DOUGLAS RD STE 908</b><br><b>CORAL GABLES, FL 33134</b>  |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                     |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |   |  | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PMD<br><b>ANIELLO, JOSEPH A.</b> <input type="checkbox"/> Delete<br>1411 N.W. 14TH AVE.<br>MIAMI, FL 33125         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | PMD<br><b>Aniello, Joseph A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10899 S.W. 4th Street<br>Miami, FL 33174 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br><b>BONCHICK, NORMAN</b> <input type="checkbox"/> Delete<br>441 S.W. 12TH AVE<br>DEERFIELD BEACH, FL 33442    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br><b>STEINHART, CRAIG</b> <input type="checkbox"/> Delete<br>2501 NE 22ND TERRACE<br>FORT LAUDERDALE, FL 33305 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | 1-14-04 305 547-2189<br><small>Date Daytime Phone #</small>  |   |  |