P99000012547

DOCUMENT # 1. Entity Name

DEVELOPMENTAL SERVICE PROVIDERS OF MARION, INC.

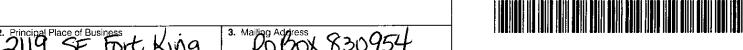
Principal Place of Business

Mailing Address

18 SE 7TH TERRACE OCALA FL 34472

PO BOX 830954 OCALA FL 34472

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City	åla	R	City & State Ocal	a FL	. 4. 1	FEI Number 65-089642	7		plied For t Applicable
Zip 3U	471	Country	Zip 34483	Country	5. (Certificate of Status Desired		75 Ado	
	6. Name	and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent				
				Name	-Name				
KOLLER, DAVID							,		
543 MIDWAY TRACK COURT					Street Address (P.O. Box Number is Not Acceptable)				
OCALA FL 34472									
OUALA FI	L 344/2								
				City	Ocala	<u> </u>	FL 3	ip Cod 544	1
8. The above	named entit	v submits this statemen	t for the purpose of changing its	registered office of	or registered ag	ent, or both, in the State of F	orida.		,
· ·			<i>.///</i>				1-100		
SIGNATURE .	n		1/4			ı	17/02		
_/	Signature 170ed	or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signs	ture required when re	einstating)	DATE		
0 This	votion in all-	ible to estint. In tata	bio EII E NOW!	!! FEE IS \$150	00				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After May 1, 2002 Fee						10. Election Campaign Fi			0 May Be
(See criteria on back) Make Check Payable to D						Trust Fund Contribution	on.	Added	f to Fees
11.		OEEICEBS M	ND DIRECTORS	12.		I DITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS	S IN 11
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STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
13 hereby c	certify that th	e information supplied s	with this filing does not qualify for	the exemption st	ated in Section	119 07(3)(i) Florida Statutes	I further certify th	at the in	nformation

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other tipe provided.

SIGNATURE: