

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010334

**Entity Name:** THE DIVISION FOR PHYSICAL, HEALTH AND MULTIPLE  
DISABILITIES, INC.

**Current Principal Place of Business:**

121 OXFORD SQUARE  
CARROLLTON, GA 30117

**Current Mailing Address:**

121 OXFORD SQUARE  
CARROLLTON, GA 30117 US

**FEI Number: 26-3704935**

**Certificate of Status Desired: Yes**

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

DELOACH, PAMELA  
6711 SPANISH MOSS CIRCLE  
TAMPA, FL 33625 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	KUNTZLER, PATRICE	Name	JUAREZ, ANGIE
Address	21 MARCH LANE	Address	3424 PUEBLO AVENUE UNIT 2
City-State-Zip:	WESTBURY NY 11590	City-State-Zip:	LOS ANGELES CA 90032
Title	T		
Name	COOPER, MARGARET A		
Address	121 OXFORD SQUARE		
City-State-Zip:	CARROLLTON GA 30117		

*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: MARGARET A. COOPER**

**TREASURER**

**03/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date