

2020 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:**3100 CLARENDON BLVD.
CEC - DPHMD SUITE 600
ARLINGTON, VA 22201**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:**REGISTERED AGENTS INC
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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: BILL HAVRE, SECRETARY****03/05/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HAMPTON, ROBBIE
Address	2600 HILLSBORO PIKE #210
City-State-Zip:	NASHVILLE TN 37212
Title	T
Name	COOPER, MARGARET A
Address	121 OXFORD SQUARE
City-State-Zip:	CARROLLTON GA 30117

Title	PRESIDENT-ELECT
Name	GRIFFIN, DENISE
Address	2002 OAKCREEK DR
City-State-Zip:	NORMAN OK 73071
Title	SECRETARY
Name	MARCUM, ALYSSA
Address	909 NEW JERSEY AVENUE SE #514
City-State-Zip:	WASHINGTON DC 20003

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****03/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date