

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010334

**Entity Name:** COMPLEX AND CHRONIC CONDITIONS: THE DIVISION FOR  
PHYSICAL, HEALTH AND MULTIPLE DISABILITES, INC.

**FILED**  
**Apr 20, 2025**  
**Secretary of State**  
**1195176780CC**

**Current Principal Place of Business:**

3100 CLARENDON BLVD.  
CEC - DPHMD SUITE 600  
ARLINGTON, VA 22201

**Current Mailing Address:**

121 OXFORD SQ  
CARROLLTON, GA 30117 US

**FEI Number: 26-3704935**

**Certificate of Status Desired: No**

**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**

**04/20/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name KROESCH, ALLISON  
Address 2734 WHARTON WAY  
City-State-Zip: NORMAL IL 61761

Title TREASURER  
Name COOPER, MARGARET A  
Address 121 OXFORD SQUARE  
City-State-Zip: CARROLLTON GA 30117

Title PRESIDENT  
Name SMITH, CATE  
Address 510 SHERWOOD DR  
City-State-Zip: MARYVILLE TN 37801

*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**

**04/20/2025**

Electronic Signature of Signing Officer/Director Detail

Date