2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2018
Secretary of State
CC9258456070

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Entity Name: DISABILITY RIGHTS FLORIDA, INC.

Current Principal Place of Business:

2473 CARE DRIVE
SUITE 200
TALLAHASSEE, FL 32308

Current Mailing Address:

2473 CARE DRIVE
SUITE 200
TALLAHASSEE, FL 32308 US

FEI Number: 59-2824728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDONALD, MARYELLEN
2473 CARE DRIVE, SUITE 200
TALLAHASSEE, FL 32308 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: MARYELLEN MCDONALD 01/16/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VC
Name	QUILES, ALAN
Address	2473 CARE DRIVE, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32308

Title	P
Name	MCDONALD, MARYELLEN
Address	2473 CARE DRIVE, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32308

Title	ST
Name	HALL, CHERIE
Address	2473 CARE DRIVE, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32308

Title	CHAIRMAN
Name	PRESHONG BROWN, STEPHANIE
Address	2473 CARE DRIVE, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP
Name	DEPALMA, ANTHONY
Address	2473 CARE DRIVE, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32308

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: CHERIE E HALL SECRETARY 01/16/2018

Electronic Signature of Signing Officer/Director Detail — Date