

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005206

Entity Name: THE SELECTIVE MUTISM ASSOCIATION INC.**Current Principal Place of Business:**421 HILLCREST DRIVE
C/O LISA KOVAC, EXEC. DIRECTOR
OVIEDO, FL 32765**Current Mailing Address:**3152 LITTLE ROAD
SUITE 184
TRINITY, FL 34655 US**FEI Number:** 65-0946164**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KOVAC, LISA
421 HILLCREST DR.
OVIEDO, FL 32765 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 DIRECTOR
Name BUSMAN, RACHEL PSYD, ABPP
Address COGNITIVE & BEHAVIORAL
CONSULTANTS
1 NORTH BROADWAY SUITE 704
City-State-Zip: WHITE PLAINS NY 10601

Title EXECUTIVE DIR
Name KOVAC, LISA PHD BCBA
Address 421 HILLCREST DRIVE
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name LAPTOOK, REBECCA PHD
Address RHODE ISLAND HOSPITAL
593 EDDY ST., POTTER BASEMENT
City-State-Zip: PROVIDENCE RI 02906

Title SECRETARY
Name DOLL, EMILY MA, MS, CCP-SLP
Address 1011 GEORGE STREET
APT 8E
City-State-Zip: EASTON PA 18040

Title TREA
Name MARTIS ZAMBRISKI, PAMELA
Address 116 VIA ESTRELLITA
City-State-Zip: REDONDO BEACH CA 90277

Title PAST PRESIDENT
Name FURR, JAMI PHD
Address FLOIDA INTERNATIONAL UNIVERSITY
11200 SW 8TH ST. AHC1 RM. 140
City-State-Zip: MIAMI FL 33199

Title DIRECTOR
Name REED, KATELYN MS, LLP
Address 350 NORTH MAIN STREET
SUITE 220
City-State-Zip: CHELSEA MI 48118

Title DIRECTOR OF
MEMBERSHIP/SPECIAL INITIATIVES
Name LEOS, KRISTIN
Address 175 N. HARBOR DRIVE
UNIT 4403
City-State-Zip: CHICAGO IL 60601

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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: PAMELA MARTIS ZAMBRISKI**TREASURER****04/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FOSTER, JENNY
Address 6652 E. OMEGA ST.
City-State-Zip: MESA AZ 85215

Title DIRECTOR
Name BICE-URBACH, BRITTANY PHD
Address 13800 W. NORTH AVE.
STE. 120
City-State-Zip: BROOKFIELD WI 53005

Title DIRECTOR
Name HERRERA, AILEEN M.S., LMHC
Address FLORIDA INTERNATIONAL UNIVERSITY
11200 SW 8TH ST AHC1 RM. 136
City-State-Zip: MIAMI FL 33199

Title DIRECTOR
Name KOHLMEIER, JONATHAN
Address 98 LAKE SHORE ROAD
City-State-Zip: GREENWOOD LAKE NY 10925

Title DIRECTOR
Name KINSER, DENISE LCSW
Address 447 S. SHARON AMITY ROAD
SUITE C
City-State-Zip: CHARLOTTE NC 28211

Title DIRECTOR
Name EZELL, ELEANOR LCSW
Address CHILD & FAMILY THERAPY COLLECTIVE
184 MOULTRIE PARK
City-State-Zip: NASHVILLE TN 37205

Title DIRECTOR
Name KURTZ, STEVEN PHD
Address KURTZ PSYCHOLOGY CONSULTING
PC
57 WEST 57 ST. #1007
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name GAMACHE, CHELSEA M.S., BCBA
Address 5 MEADE STREET
City-State-Zip: NASHUA NH 03064

Title DIRECTOR
Name HICKS-HOSTE, TAYLOR PHD, LP,
NCSP
Address 31478 INDUSTRIAL ROAD
SUITE 300
City-State-Zip: LIVONIA MI 48150

Title PRESIDENT
Name MERSON, RACHEL PSYD
Address BU CNTR FOR ANXIETY & RELATED
DISORDERS
900 COMMONWEALTH AVE. 2ND
FLOOR
City-State-Zip: BOSTON MA 02215

Title DIRECTOR
Name BOGGS, AUDREY PSY.D
Address 5012 CHESEBRO RD.
SUITE 200
City-State-Zip: AGOURA HILLS CA 91301

Title DIRECTOR
Name UPADHYAY, RUPAL MD FAAP
Address ASSOCIATES IN PEDIATRICS
1015 SUMMIT ST.,
City-State-Zip: ELGIN IL 60120