

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000051321

Entity Name: DEVELOPMENTAL DISABILITIES PROVIDER SERVICES, INC.

Current Principal Place of Business:

1190 GOLF AVE
D
ORMOND BEACH, FL 32174

Current Mailing Address:

9 BIRCHWOOD PLACE
PALM COAST, FL 32137

FEI Number: 32-0200362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JASON, CRYSTAL M
9 BIRCHWOOD PLACE
PALM COAST, FL 32137 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
Name JASON, CRYSTAL M
Address 9 BIRCHWOOD PLACE
City-State-Zip: PALM COAST FL 32137

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRYSTAL JASON

CEO

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date