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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 464328 (4)

1. Corporation Name
MANATEE HEARING AND SPEECH CENTER, INC.

Principal Place of Business
2010 59TH STREET WEST, SUITE 3400
BRANDENTON FL 33505

Mailing Address
2010 59TH STREET WEST, SUITE 3400
BRANDENTON FL 342094647



3. Date Incorporated or Qualified 10/30/1974
3a. Date of Last Report 03/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1553511		Applied For	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HILLSTROM, ROBERT P
2010 59TH ST. WEST, SUITE 3500
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENIER, MARC	12 NAME	
STREET ADDRESS	2010 59TH ST W, #3500	13 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURUCHARRI, MICHAEL J.	22 NAME	
STREET ADDRESS	2010 59TH ST W #3500	23 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	24 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLSTROM, ROBERT	32 NAME	
STREET ADDRESS	2010 59TH ST W #3500	33 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	34 CITY - ST - ZIP	
TITLE	MV <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GARY	42 NAME	
STREET ADDRESS	2010 59TH ST., W. #3400	43 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	44 CITY - ST - ZIP	
TITLE	TSO <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBAN, BRIAN	52 NAME	
STREET ADDRESS	2010 549TH ST W #3400	53 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/97 941-792-2455

CR2E034 (9/96)