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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 700524 (2)

1. Corporation Name

CENTRAL FLORIDA SPEECH AND HEARING CENTER, INC.

Principal Place of Business	Mailing Address
710 E. BELLA VISTA LAKELAND FL 33805-3089	710 E. BELLA VISTA LAKELAND FL 33805-3009

3. Date Incorporated or Qualified: 02/25/1960
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-0939466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RATCLIFF L. GAY.
PRESIDENT
3431 CHRISTINA GROVES CIRCLE N
LAKELAND FL 33803

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRASK, GEORGE		1.2 NAME		
STREET ADDRESS	304 KENWITH		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUNDY, CRAIG		2.2 NAME		
STREET ADDRESS	P.O. BOX 1199 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33859-1199		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POLAND, CARTER		3.2 NAME		
STREET ADDRESS	517 EDGEWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, CINDY		4.2 NAME		
STREET ADDRESS	P.O BOX 5383 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33802		4.4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JANICE		5.2 NAME		
STREET ADDRESS	1503 CLARENDON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33802		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RATCLIFF, L. GAY		6.2 NAME		
STREET ADDRESS	3431 CHRISTINA GROVES CIR N		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. Gay Ratcliff PRESIDENT 3/7/97 941-686-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052764