

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90158 015 ****61.25

DOCUMENT # N99000005980

1. Entity Name

VOICE AND SWALLOW CENTER, INC.

R

Principal Place of Business

Mailing Address

2617 N FLAGLER DRIVE SUITE 112
 WEST PALM BEACH FL 33407

2617 N FLAGLER DRIVE SUITE 112
 WEST PALM BEACH FL 33407-5543

please note change of address

2. Principal Place of Business

3. Mailing Address

2601 N. Flagler Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

4. FBI Number

65-0952691

Applied For

Not Applicable

Zip

Country

Zip

Country

33407 Palm Bch

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOULD, REBECCA L
~~2617 N FLAGLER DRIVE SUITE 112~~
 WEST PALM BEACH FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

2601 N. Flagler Dr
 West Palm Bch, FL

City

FL Zip Code 33407

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GOULD, REBECCA L	
STREET ADDRESS	2617 N FLAGLER DRIVE SUITE 112	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMARIN, LORI	
STREET ADDRESS	2617 N FLAGLER DRIVE SUITE 112	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, CAROLYN	
STREET ADDRESS	2617 N FLAGLER DRIVE SUITE 112	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE

5/1/00 (561) 833-2090

CR2E037 (9/99)