

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90363 031 ***61.25

DOCUMENT # N99000005980

1. Entity Name

VOICE AND SWALLOW CENTER, INC.

Principal Place of Business

Mailing Address

2601 N FLAGLER DRIVE
 SUITE 316
 WEST PALM BEACH FL 33407

2617 N FLAGLER DRIVE SUITE 112
 WEST PALM BEACH FL 33407

816606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2601 N Flagler Drive
 Suite, Apt. #, etc.
 Ste 316

2601 N Flagler Drive
 Suite, Apt. #, etc.
 Ste 316

City & State
 West Palm Beach

City & State
 West Palm Beach

4. FEI Number

65-0952691

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOULD, REBECCA L
 2601 N FLAGLER DRIVE
 WEST PALM BEACH FL 33407

Name

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

2601 N Flagler Drive Ste 316

City

FL

Zip Code

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 title 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 Delete
 NAME D GOULD, REBECCA L
 STREET ADDRESS 2617 N FLAGLER DRIVE SUITE 112
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE Change Addition
 NAME
 STREET ADDRESS 2617 N Flagler Drive Ste 316
 CITY-ST-ZIP West Palm Beach FL 33407

TITLE Delete
 NAME D SAMARIN, LORI
 STREET ADDRESS 2617 N FLAGLER DRIVE SUITE 112
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D GOLD, CAROLYN
 STREET ADDRESS 2617 N FLAGLER DRIVE SUITE 112
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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

3-1-01 561 833-2090

Date

Daytime Phone #

CR2E037 (10/00)