

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N99000005980

Entity Name: VOICE AND SWALLOW CENTER, INC.

**Current Principal Place of Business:**

2601 N FLAGLER DRIVE  
SUITE 316  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

2601 N FLAGLER DRIVE  
SUITE 316  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 65-0952691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOULD, REBECCA L  
2601 N. FLAGLER DR. STE. 316  
WEST PALM BEACH, FL 33407

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOULD, REBECCA L  
Address: 2617 N. FLAGLER DR. STE. 315  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: SAMARIN, LORI  
Address: 2617 N FLAGLER DRIVE SUITE 112  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: GOLD, CAROLYN  
Address: 2617 N FLAGLER DRIVE SUITE 112  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GOULD, REBECCA L  
Address: 2601 N. FLAGLER DR. STE. 315  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change ( ) Addition  
Name: SAMARIN, LORI  
Address: 2601 N FLAGLER DRIVE SUITE 316  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change ( ) Addition  
Name: SIERK, CAROLYN A  
Address: 2601 N FLAGLER DRIVE SUITE 316  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN A SIERK

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date