

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000437

Entity Name: FLORIDA ASSOCIATION OF SPEECH-LANGUAGE
PATHOLOGISTS AND AUDIOLOGISTS, INC.**FILED**
Jan 14, 2014
Secretary of State
CC3996717733**Current Principal Place of Business:**222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714**FEI Number: 30-0151358****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BEATTY, BARBARA F
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714 US*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: BARBARA FITZGERALD BEATTY****01/14/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title IPPD
Name SANTINI, CELIA R
Address 820 ROSEMERE CIR
City-State-Zip: ORLANDO FL 32835Title PD
Name HERSKOWITZ, VALERIE
Address 7261 160TH ST N
City-State-Zip: PALM BEACH GARDENS FL 33418Title PE/TD
Name TOPP KLEIN, VIVIAN H
Address 900 W 49TH ST #332
City-State-Zip: HIALEAH FL 33012Title ED
Name BEATTY, BARBARA F
Address 222 S WESTMONTE DR STE 101
City-State-Zip: ALTAMONTE SPRINGS FL 32714

I hereby 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 all other like empowered.

SIGNATURE: BARBARA FITZGERALD BEATTY**EXECUTIVE DIRECTOR****01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date