

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464328

Entity Name: MANATEE HEARING AND SPEECH CENTER, INC.

Current Principal Place of Business:

701 MANATEE AVE W
SUITE 201
BRANDENTON, FL 34205

Current Mailing Address:

701 MANATEE AVE W
SUITE 201
BRANDENTON, FL 34205

FEI Number: 59-1553511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRISH, THOMAS NP
701 MANATEE AVE W
SUITE 201
BRADENTON, FL 34205 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name KALATHIA, AXAY VD
Address 701 MANATEE AVE W
City-State-Zip: BRADENTON FL 34205

Title TSD
Name HOBAN, BRIAN TSD
Address 701 MANATEE AVE W
City-State-Zip: BRADENTON FL 34205

Title VP
Name GURUCHARRI, MICHAEL J
Address 701 MANATEE AVE W
SUITE 202
City-State-Zip: BRADENTON FL 34205

Title VD
Name KELLEY, BENJAMEN DO
Address 701 MANATEE AVENUE W
SUITE 202
City-State-Zip: BRADENTON FL 34205

Title P
Name MORRISH, THOMAS P
Address 701 MANATEE AVE W
City-State-Zip: BRADENTON FL 34205

Title VD
Name NALL, AGNES VD
Address 701 MANATEE AVE W
City-State-Zip: BRADENTON FL 34205

Title VP
Name SHELTON, JOHN
Address 701 MANATEE AVE W
SUITE 202
City-State-Zip: BRADENTON FL 34205

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS MORRISH, MD

PHYSICIAN

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date