

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000086676

**Entity Name:** ARTIE'S SPEECH THERAPY SERVICES, INC.

**Current Principal Place of Business:**

15561 SW 305 STREET  
HOMESTEAD, FL 33033

**Current Mailing Address:**

15561 SW 305 STREET  
HOMESTEAD, FL 33033

**FEI Number:** 47-1895903

**Certificate of Status Desired:** No

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

ARTEAGA, HEIDI  
15561 SW 305 STREET  
HOMESTEAD, FL 33033 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 P  
Name ARTEAGA, HEIDI  
Address 15561 SW 305 STREET  
City-State-Zip: HOMESTEAD FL 33033

*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:** HEIDI ARTEAGA

**PRESIDENT**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date