

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000065427

**Entity Name:** DYSLEXIA & LANGUAGE SOLUTIONS, P.A.

**Current Principal Place of Business:**

4661 WINDWARD COVE LANE  
WELLINGTON, FL 33449

**Current Mailing Address:**

4661 WINDWARD COVE LANE  
WELLINGTON, FL 33449 US

**FEI Number:** 47-1495951

**Certificate of Status Desired:** No

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

COHEN, ERIC J  
5255 N FEDERAL HWY  
220  
BOCA RATON, FL 33487 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           DIRECTOR  
Name           CALDERON, ROBIN  
Address        4661 WINDWARD COVE LANE  
City-State-Zip: WELLINGTON FL 33449

*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:** ROBIN CALDERON

**DIRECTOR**

**04/26/2021**

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

\_\_\_\_\_  
Date