

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100177

Entity Name: INTEGRATIVE SPEECH REHAB LLC

Current Principal Place of Business:

11562 SW 148 PATH
MIAMI, FL 33196

Current Mailing Address:

11562 SW 148 PATH
MIAMI, FL 33196 US

FEI Number: 20-3616283

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PETERS, DIANE
11562 SW 148 PATH
MIAMI, FL 33196 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

Authorized Person(s) Detail :

Title MGRM
Name PETERS, DIANE
Address 11562 SW 148 PATH
City-State-Zip: MIAMI FL 33196

Title MGRM
Name PETERS, KENNETH
Address 11562 SW 148 PATH
City-State-Zip: MIAMI FL 33196

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANE PETERS

MANAGING MEMBER

03/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date