

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090783

**Entity Name:** SPEECH WORKS PEDIATRIC THERAPY, LLC

**Current Principal Place of Business:**

5728 MAJOR BLVD.  
SUITE 600  
ORLANDO, FL 32819

**Current Mailing Address:**

5901 SW 74TH STREET  
SUITE 414  
MIAMI, FL 33143 US

**FEI Number:** 46-3877564

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 MEMBER  
Name SETTEMBRINO, JEFF  
Address 1515 SUNSET DRIVE  
SUITE 32  
City-State-Zip: MIAMI FL 33143

Title MEMBER  
Name FALERO, RAMON  
Address 5901 SW 74TH STREET  
SUITE 414  
City-State-Zip: MIAMI FL 33143

Title MEMBER  
Name VAIDIS, OLIVER  
Address 5901 SW 74TH STREET  
SUITE 414  
City-State-Zip: MIAMI FL 33143

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

**SIGNATURE:** OLIVER VAIDIS

MEMBER

02/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date