

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 210
MIAMI, FL 33143 US**FEI Number: 26-3161276****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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	SETTEMBRINO, JEFF	Name	ALLEN, WILLIAM
Address	1515 SUNSET DRIVE SUITE 32	Address	5901 SW 74TH STREET SUITE 210
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	VAIDIS, OLIVER	Name	HAYDEN, BRUCE
Address	5901 SW 74TH STREET SUITE 210	Address	5901 SW 74TH STREET SUITE 210
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	WILCOP, THOMAS	Name	KUIPER, PATRICK
Address	1515 SUNSET DRIVE SUITE 32	Address	1515 SUNSET DRIVE SUITE 32
City-State-Zip:	MIAMI FL 33143	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**AUTHORIZED MEMBER****03/09/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date