

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000001419

**Entity Name:** PRESENCELEARNING ETHERAPY SPEECH-LANGUAGE  
PATHOLOGISTS, PC CO

**FILED**  
**Apr 20, 2024**  
**Secretary of State**  
**0640021869CC**

**Current Principal Place of Business:**

3739 BALBOA STREET  
#1001  
SAN FRANCISCO, CA 94121

**Current Mailing Address:**

3739 BALBOA STREET  
#1001  
SAN FRANCISCO, CA 94121 US

**FEI Number: 85-0921797**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CHIEF CLINICAL OFFICER,  
PRESIDENT, TREASURER  
Name RATCLIFF, LANA  
Address 3739 BALBOA STREET  
#1001  
City-State-Zip: SAN FRANCISCO CA 94121

Title VP  
Name GUBINS, SARA  
Address 3739 BALBOA STREET  
#1001  
City-State-Zip: SAN FRANCISCO CA 94121

Title SECRETARY  
Name STEPHEN, BRIAN  
Address 530 SEVENTH AVE  
SUITE 501  
City-State-Zip: NEW YORK NY 10018

Title CHIEF ADMINISTRATIVE OFFICER  
Name WALKER, KATHRYN EBERLE  
Address 530 SEVENTH AVE  
SUITE 501  
City-State-Zip: NEW YORK NY 10018

*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: BRIAN STEPHEN**

**SECRETARY**

**04/20/2024**

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

\_\_\_\_\_  
Date