

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90100 018 ***150.00

DOCUMENT # 487389

1. Entity Name
TAMPA SPEECH AND HEARING CENTER, INC.



Principal Place of Business
4700 N. HABANA AVE., #109
TAMPA, FL 33614

Mailing Address
4700 N. HABANA AVE., #109
TAMPA, FL 33614

40032033



DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1645582 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, WILLIAM A.
4710 N HABANA
SUITE 404
TAMPA, FL 33614

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALONSO, WILLIAM A.
STREET ADDRESS	4170 N HABANA AVE STE 404
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	Director
NAME	Dolgin, Sanford R.
STREET ADDRESS	4700 N. Habana Ave, Ste. 602
CITY-ST-ZIP	Tampa, FL 33614
TITLE	Director
NAME	Donnelly, Kevin J.
STREET ADDRESS	4700 N. Habana Ave, Ste 602
CITY-ST-ZIP	Tampa, FL 33614
TITLE	Director
NAME	Davis, Dean G.
STREET ADDRESS	4700 N. Habana Ave, Ste 602
CITY-ST-ZIP	Tampa, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #