
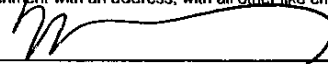


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90049 036 \*\*\*150.00

<b>DOCUMENT # 487389</b> 1. Entity Name <b>TAMPA SPEECH AND HEARING CENTER, INC.</b>					
Principal Place of Business <b>4700 N. HABANA AVE., #109 TAMPA, FL 33614</b>			Mailing Address <b>4700 N. HABANA AVE., #109 TAMPA, FL 33614</b>		
2. Principal Place of Business - No P.O. Box # <b>4714 N. Armenia Ave.</b>		3. Mailing Address <b>4714 N. Armenia Ave.</b>			
Suite, Apt. #, etc. <b>Suite 202</b>		Suite, Apt. #, etc. <b>Suite 202</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33603</b>		Country <b>USA</b>		4. FEI Number <b>59-1645582</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALONSO, WILLIAM A. 4710 N HABANA SUITE 404 TAMPA, FL 33614</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, WILLIAM A. 4170 N HABANA AVE STE 404 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLGIN, SANFORD R 4700 N. HABANA AVE., SUITE 602 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dolgin, Sanford R. 4714 N. Armenia Ave, Ste 200 Tampa, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, KEVIN J 4700 N. HABANA AVE., SUITE 602 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donnelly, Kevin J. 4714 N. Armenia Ave., Ste. 200 Tampa, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DEAN G 4700 N. HABANA AVE., SUITE 602 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Dean G. 4714 N. Armenia Ave, Ste. 200 Tampa, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>William A. Alonso, MD</b> 2/12/07 813-870-3560 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					