

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 487389

FILED
Apr 07, 2009
Secretary of State

Entity Name: TAMPA SPEECH AND HEARING CENTER, INC.

Current Principal Place of Business:

4714 N. ARMENIA AVE.
SUITE 202
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4714 N. ARMENIA AVE.
SUITE 202
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-1645582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DOLGIN, SANFORD R.
4714 N. ARMENIA AVE
SUITE 200
TAMPA, FL 33603 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: SANFORD R. DOLGIN, M.D.

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALONSO, WILLIAM A.
Address: 4170 N HABANA AVE STE 404
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: DOLGIN, SANFORD R
Address: 4714 N. ARMENIA AVE., 200
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: DONNELLY, KEVIN J
Address: 4714 N. ARMENIA AVE., 200
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: DAVIS, DEAN G
Address: 4714 N. ARMENIA AVE., 200
City-St-Zip: TAMPA, FL 33603

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALONOS, WILLIAM A
Address: 4170 N HABANA AVE STE 404
City-St-Zip: TAMPA, FL 33614

Title: P (X) Change () Addition
Name: DOLGIN, SANFORD R
Address: 4714 N. ARMENIA AVE., 200
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: VINCENT, DANIEL J
Address: 4714 N. ARMENIA AVE, SUITE 200
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANFORD R. DOLGIN, M.D.

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date