

DOCUMENT # **599034**

1. Entity Name
ANDREA PORT KAHN, SPEECH AND LANGUAGE PATHOLOGY

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 5580 SW 8TH STREET PLANTATION FL 33317 | 5580 SW 8TH STREET PLANTATION FL 33317 |

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---------------------------------|----------------|
| 4. FEI Number 59-1879862 | Applied For |
| | Not Applicable |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
|---|--|----------------|
| KAHN, ROBERT M. 8211 W. BROWARD BLVD. PLANTATION FL 33324 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | | |
| | City | FL Zip Code |

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KAHN, ANDREA PORT 5580 S.W. 8TH ST. PLANTATION FL 33317 <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 |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like or powers.

SIGNATURE: Andrew Port Lak

4/19/01 954-581-2268

CR2E034 (10/00)