

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 13, 2011  
Secretary of State**

DOCUMENT# 700524

**Entity Name:** CENTRAL FLORIDA SPEECH AND HEARING CENTER, INC.**Current Principal Place of Business:**710 E. BELLA VISTA STREET  
LAKELAND, FL 33805**New Principal Place of Business:****Current Mailing Address:**710 E. BELLA VISTA STREET  
LAKELAND, FL 33805**New Mailing Address:****FEI Number:** 59-0939466**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RATCLIFF, L. GAY  
710 E. BELLA VISTA STREET  
LAKELAND, FL 33805 US**Name and Address of New Registered Agent:**STAHL, LARRY  
710 E. BELLA VISTA STREET  
LAKELAND, FL 33805 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: LARRY STAHL

09/13/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**Title: MS  
Name: HENDLER, PATRICIA  
Address: 228 S. MASSACHUSETTS AVE.  
City-St-Zip: LAKELAND, FL 33801Title: MR  
Name: RUSSELL, JIM  
Address: P.O. BOX 12  
City-St-Zip: LAKELAND, FL 33802Title: MR  
Name: LARSON, JON F  
Address: 1401 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33803Title: MR  
Name: STAHL, LARRY  
Address: 4901 LUCE RD.  
City-St-Zip: LAKELAND, FL 33813Title: MS  
Name: EANETT, DARLENE  
Address: 923 SOUTH BLVD.  
City-St-Zip: LAKELAND, FL 33803

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY STAHL

MR

09/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date