FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702748 (5)

1. Corporation Name

HEARING AND SPEECH CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2511 POUCE DE LEON BLVD. SUITE 203 CORAL GABLES FL 33134	2511 POUCE DE LEON BLVD. SUITE 203 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/02/1961

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-0668488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROOKS, ROY JR., ATTORNEY AT LAW
2625 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WOOD, HAYES		1.2 NAME	Limner, Nicholas W.	
STREET ADDRESS	7990 RED RD.		1.3 STREET ADDRESS	2665 S. Bayshore Drive Suite 1002	
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP	Coconut Grove, Fl. 33133	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	LIMNER, NICHOLAS W		2.2 NAME	Davis, Ernestine	
STREET ADDRESS	100 N. BISCAYNE BLVD., STE. 605		2.3 STREET ADDRESS	11704 S.W. 97 St.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADROVER, MARIA		3.2 NAME		
STREET ADDRESS	1701 N.W. 30 AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	NEUMAN, DOLORES		4.2 NAME	Fernandez-Barquin, Juan	
STREET ADDRESS	6619 S. DIXIE HWY.		4.3 STREET ADDRESS	717 Ponce de Leon Blvd. Suite 222	
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POMS, LILLIAN		5.2 NAME		
STREET ADDRESS	8955 SW 85TH TERR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillian Poms Executive Director 305-446-5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #