

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90079 043 ****70.00

DOCUMENT # 702748	
1. Entity Name ~ HEARING AND SPEECH CENTER OF FLORIDA, INC.	

Principal Place of Business 9425 SUNSET DRIVE STE 261 MIAMI FL 33173	Mailing Address 9425 SUNSET DRIVE STE 261 MIAMI FL 33173
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-0668488	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROOKS, ROY JR., ATTORNEY AT LAW 2625 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

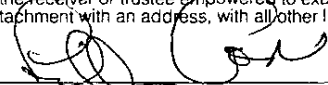
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERENDI, SILVANO A 600 NW 79TH AVE., RM#425-S MIAMI FL 33126 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED POMS, LILLIAN 8955 SW 85TH TERR. MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHUFFIELD, ANITA 9568 SW 67TH COURT MIAMI FL 33-1556 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINO, MARTHA 3749 SW 153RD COURT MIAMI FL 33185 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Change ☒ Addition David Abraham 19 West Flagler #717, Biscayne Bldg. Miami, Florida 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☐ Change ☒ Addition Dr. Gemma Santos 910 Michigan Ave. #406 Miami, Florida 33139

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: May 6 2004	Daytime Phone #: 305-271-7345
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