


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-0668488 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	POMS, LILLIAN
STREET ADDRESS	8955 SW 85TH TERR.
CITY - ST - ZIP	MIAMI, FL
TITLE	PD
NAME	SHUFFIELD, ANITA
STREET ADDRESS	9568 SW 67TH COURT
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	VD
NAME	ABRAHAM, DAVID
STREET ADDRESS	19 WEST FLAGLER #717 BISCAYNE BLDG.
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	SD
NAME	SANTOS, GEMMA DR.
STREET ADDRESS	910 MICHIGAN AVE #406
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000255826  
 03/08/05-80031-005 70.00

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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: Lillian Poms Lillian Poms 2/28/05 305-2717343  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #