
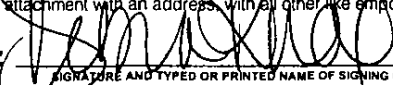


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90183 007 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-0668488	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROOKS, ROY JR., ATTORNEY AT LAW 2625 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POMS, LILLIAN		NAME	Knox, Debra	
STREET ADDRESS	8955 SW 85TH TERR.		STREET ADDRESS	11317 SW 114 Cir. Terr.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33176	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, DAVID		NAME		
STREET ADDRESS	19 WEST FLAGLER #717 BISCAYNE BLDG.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, GEMMA DR.		NAME		
STREET ADDRESS	910 MICHIGAN AVE #406		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINO, MARTHA		NAME	Kohly, Beth	
STREET ADDRESS	3749 SW 153RD CT		STREET ADDRESS	9321 SW 140 St.	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.					
SIGNATURE: 		Date: 4/23/07		Daytime Phone #: (305) 271-7343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					