

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 10, 2009
Secretary of State**

DOCUMENT# 702748

Entity Name: HEARING AND SPEECH CENTER OF FLORIDA, INC.

Current Principal Place of Business:9425 SUNSET DRIVE
STE 261
MIAMI, FL 33173**New Principal Place of Business:****Current Mailing Address:**9425 SUNSET DRIVE
STE 261
MIAMI, FL 33173**New Mailing Address:**

FEI Number: 59-0668488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:BROOKS, ROY JR., ATTORNEY AT LAW
2625 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: ED () Delete
Name: KNOX, DEBRA
Address: 11317 SW 114 CIR TERR
City-St-Zip: MIAMI, FL 33176Title: P () Delete
Name: SANTOS, GEMMA DR.
Address: 910 MICHIGAN AVE #406
City-St-Zip: MIAMI BEACH, FL 33139Title: V () Delete
Name: SICRE, MANUEL V
Address: 7205 CORPORATE CTR DR #310
City-St-Zip: MIAMI, FL 33143Title: S () Delete
Name: SHUFFIELD, ANITA
Address: 9568 SW 67 CT
City-St-Zip: MIAMI, FL 33156Title: T () Delete
Name: FERNANDEZ-BARQUIN, JUAN
Address: 2520 NW 97 AVE SUITE #240
City-St-Zip: DORAL, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: SICRE, MANUEL V
Address: 7703 SW 84 PLACE
City-St-Zip: MIAMI, FL 33143Title: V (X) Change () Addition
Name: KOHLY, BETH
Address: 9321 SW 140 STREET
City-St-Zip: MIAMI, FL 33176Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: ROBERTS PELLEYA, MICHAELANNE
Address: P.O. BOX 812127
City-St-Zip: BOCA RATON, FL 33481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA KNOX

ED

08/10/2009

Electronic Signature of Signing Officer or Director

Date