FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # 703859 (9)

1. Corporation Name
SPEECH AND HEARING CENTER INC

Principal Place of Business	Mailing Address
1128 LAURA STREET JACKSONVILLE FL 32206-4912	1128 LAURA STREET JACKSONVILLE FL 32206-4912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1962
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-0970718 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DALE, WILLIAM C.
1128 LAURA ST
JACKSONVILLE FL 32206

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 607.0502 and 607.1508, 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 607.0505, 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	TD	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	HEARD, MICHAEL	1.2 NAME	Rufus C. Dowell	
STREET ADDRESS	2835 RIDGEFIELD CT	1.3 STREET ADDRESS	4209 University Boulevard S	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	VD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	STOUT, LIBBY	2.2 NAME	Keikhosrow Harvesf, MD	
STREET ADDRESS	11881 SALT MARSH CIR	2.3 STREET ADDRESS	2105 Park Street	
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	Jacksonville FL 32204	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HARVESF, KEIKHOSROW	3.2 NAME	Harold R. Hines	
STREET ADDRESS	2105 PARK STR	3.3 STREET ADDRESS	1541 Fruit Cove Woods Drive	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville FL 32259	
TITLE	PD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	GANTT, JERRY	4.2 NAME	Michael Heard	
STREET ADDRESS	9439 SAN JOSE BLVD #185	4.3 STREET ADDRESS	2835 Ridgefield Court	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	SD	5.1 TITLE		☒ Change ☐ Addition
NAME	DUKES, LINDA	5.2 NAME		
STREET ADDRESS	1044 FLAGLER AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☒ Change ☐ Addition
NAME	DUKES, LINDA	6.2 NAME		
STREET ADDRESS	1044 FLAGLER AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

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)(i), 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: [signature] 2/3/95 904/355-3403
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

0001560