

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703859 (9)

1. Corporation Name

SPEECH AND HEARING CENTER INC



Principal Place of Business

1128 LAURA STREET
JACKSONVILLE FL 32206-4912

Mailing Address

1128 LAURA STREET
JACKSONVILLE FL 32206-4912

3. Date Incorporated or Qualified
04/09/1962

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALE, WILLIAM C.
1128 LAURA ST
JACKSONVILLE FL 32206

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-96

12. OFFICERS AND DIRECTORS

TITLE TD
NAME DOWELL, RUFUS C.
STREET ADDRESS 4209 UNIVERSITY BLVD S
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD
NAME KEIKHOSROW, HARVESF M
STREET ADDRESS 2105 PARK ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME HINES, HAROLD R.
STREET ADDRESS 1541 FRUIT COVE WOODS DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD
NAME HEARD, MICHAEL
STREET ADDRESS 2835 RIDGEFIELD COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME DUKES, LINDA
STREET ADDRESS 1044 FLAGLER AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME DUKES, LINDA
STREET ADDRESS 1044 FLAGLER AVENUE
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE TD
12 NAME Hazel M Mack
13 STREET ADDRESS 1423 San Amaro Road
14 CITY-ST-ZIP Jacksonville FL 32207

21 TITLE VPD
22 NAME Rufus C Dowell
23 STREET ADDRESS 4209 University Boulevard S
24 CITY-ST-ZIP Jacksonville FL 32216

31 TITLE SD
32 NAME Len Burroughs
33 STREET ADDRESS 932 Ingleside Avenue
34 CITY-ST-ZIP Jacksonville FL 32205

41 TITLE PD
42 NAME Keikhosrow Harvesf MD
43 STREET ADDRESS 2105 Park Street
44 CITY-ST-ZIP Jacksonville FL 32204

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

Keikhosrow Harvesf MD Pres.

1-22-96

904/355-3403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)