

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90036 003 ****61.25

DOCUMENT # 703859 1. Entity Name JACKSONVILLE SPEECH AND HEARING CENTER, INC.					
Principal Place of Business 1128 LAURA STREET JACKSONVILLE, FL 32206-4912 US			Mailing Address 1128 LAURA STREET JACKSONVILLE, FL 32206-4912		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0970718 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOZZA, ROBERT J 1128 LAURA ST JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input checked="" type="checkbox"/> SLATER, THOMAS F <input type="checkbox"/> Delete STREET ADDRESS 4604 ARLOH LANE CITY-ST-ZIP JACKSONVILLE, FL 32210		TITLE	<input checked="" type="checkbox"/> IPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> C-E <input type="checkbox"/> Delete NAME FRASER, MARTHA STREET ADDRESS 13110 EBBTIDE CT CITY-ST-ZIP JACKSONVILLE, FL 32225		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> IPC <input checked="" type="checkbox"/> Delete NAME FONDA, BLAIR STREET ADDRESS 974 RAVINE RD CITY-ST-ZIP JACKSONVILLE, FL 32259		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> T <input type="checkbox"/> Delete NAME WEEKS, ROBERT J STREET ADDRESS 2703 SHADE TREE DRIVE CITY-ST-ZIP ORANGE PARK, FL 32003		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> JACKSON, BEVERLY <input type="checkbox"/> Delete STREET ADDRESS 5810 SWAMP FOX ROAD CITY-ST-ZIP JACKSONVILLE, FL 32210		TITLE	<input checked="" type="checkbox"/> C Beverly Jackson-Davis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> S Dr. Felicia Sneed, MD <input type="checkbox"/> Addition NAME 1828 Powell Place STREET ADDRESS Jacksonville FLA 32205 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 empowered.					
SIGNATURE: <u>Robert J. Nozza</u> ROBERT J. NOZZA <u>3/19/2008</u> <u>904-351-3803</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					