2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 703859

Entity Name: JACKSONVILLE SPEECH AND HEARING CENTER, INC.

Current Principal Place of Business:

1128 LAURA STREET
JACKSONVILLE, FL 322064912 US

New Principal Place of Business:

1128 N. LAURA STREET
JACKSONVILLE, FL 322064912 US

Current Mailing Address:

1128 LAURA STREET
JACKSONVILLE, FL 322064912

New Mailing Address:

1128 N. LAURA STREET
JACKSONVILLE, FL 322064912 US

FEI Number: 59-0970718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOZZA, ROBERT J
1128 LAURA ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

NOZZA, ROBERT J CEO
1128 N. LAURA ST
JACKSONVILLE, FL 32206 US

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: ROBERT J. NOZZA 04/01/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: IPC ( ) Delete
Name: SLATER, THOMAS F
Address: 4604 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: C-E ( ) Delete
Name: FRASER, MARTHA
Address: 13110 EBBTIDE CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete
Name: WEEKS, ROBERT J
Address: 2703 SHADE TREE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: C ( ) Delete
Name: JACKSON-DAVIS, BEVERLY
Address: 5810 SWAMP FOX ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: SNEAD, FELICIA MD
Address: 1828 POWELL PLACE
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: DAVIS, BEVERLY
Address: 5810 SWAMP FOX RD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: C-E (X) Change ( ) Addition
Name: MCQUILKIN, WILLIAM
Address: 225 LAMPLIGHTER LANE
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: T (X) Change ( ) Addition
Name: SHELTON, WILLIAM J
Address: 501 RIVERSIDE AVENUE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: IPC (X) Change ( ) Addition
Name: SLATER, TOM
Address: 4604 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: S (X) Change ( ) Addition
Name: SNEAD, FELICIA MD
Address: 1828 POWELL PLACE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: CEO ( ) Change (X) Addition
Name: NOZZA, ROBERT J
Address: 1128 N. LAURA ST.
City-St-Zip: JACKSONVILLE, FL 322064912 US

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: ROBERT J. NOZZA CEO 04/01/2009
Electronic Signature of Signing Officer or Director — Date