

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90011 037 \*\*\*150.00

DOCUMENT # F06000000801

1. Entity Name  
COBB PEDIATRIC SPEECH SERVICES, INC.



Principal Place of Business  
1266 COBBLEMILL WAY  
KENNESAW, GA 30152

Mailing Address  
1266 COBBLEMILL WAY  
KENNESAW, GA 30152



2. Principal Place of Business - No P.O. Box #

3

3104 Creekside Village Dr.  
Suite 404  
Kennesaw, GA 30144

3104 Creekside Village Dr.  
Suite 404  
Kennesaw, GA 30144

02262007 Chg-P CR2E034 (12/06)

4. FEI Number  
58-2083081

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WILDER, JUNE  
STREET ADDRESS 1266 COBBLEMILL WAY  
CITY-ST-ZIP KENNESAW, GA 30152

TITLE DCOO ☐ Delete  
NAME NORRIS, MARK  
STREET ADDRESS 1266 COBBLEMILL WAY  
CITY-ST-ZIP KENNESAW, GA 30152

TITLE SD ☐ Delete  
NAME FRITCHMAN, AMY  
STREET ADDRESS 1266 COBBLEMILL WAY  
CITY-ST-ZIP KENNESAW, GA 30152

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 3104 Creekside Village Dr. ☒ Change ☐ Addition  
NAME Suite 404  
STREET ADDRESS Kennesaw, GA 30144  
CITY-ST-ZIP

TITLE 3104 Creekside Village Dr. ☒ Change ☐ Addition  
NAME Suite 404  
STREET ADDRESS Kennesaw, GA 30144  
CITY-ST-ZIP

TITLE 3104 Creekside Village Dr. ☒ Change ☐ Addition  
NAME Suite 404  
STREET ADDRESS Kennesaw, GA 30144  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 607, 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: Jane Wilder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #