

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000801

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** COBB PEDIATRIC SPEECH SERVICES, INC.

**Current Principal Place of Business:**

3104 CREEKSIDE VILLAGE DR  
SUITE 404  
KENNESAW, GA 30144

**New Principal Place of Business:**

**Current Mailing Address:**

3104 CREEKSIDE VILLAGE DR  
SUITE 404  
KENNESAW, GA 30144

**New Mailing Address:**

**FEI Number:** 58-2083081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILDER, JUNE  
Address: 3104 CREEKSIDE VILLAGE DR., 404  
City-St-Zip: KENNESAW, GA 30144

Title: DCOO ( ) Delete  
Name: NORRIS, MARK  
Address: 3104 CREEKSIDE VILLAGE DR., 404  
City-St-Zip: KENNESAW, GA 30144

Title: SD ( ) Delete  
Name: FRITCHMAN, AMY  
Address: 3104 CREEKSIDE VILLAGE DR., 404  
City-St-Zip: KENNESAW, GA 30144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WHITEHEAD, JUNE  
Address: 3104 CREEKSIDE VILLAGE DR., 404  
City-St-Zip: KENNESAW, GA 30144

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JUNE WHITEHEAD

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date