FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

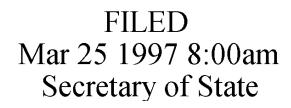
DOCUMENT # G17337

(8)

BERTRAND REESE SPEECH AND LANGUAGE PATHOLOGIST, INC.

Principal Place of Business C/O OT MUNIC DELIAD LIGGRITAL Mailing Address

C/O ST. JOHNS REHAR HOSPITAL





3075 N.W. 35T	TH AVE. LAKES FL 33311	3075 N.W. 35	TH AVE. LAKES FL 333				la Du	Lace	
						3. Date Incorporated or Qualified 12/31/1982	3a. Date of 02/01/19		
2. Principal f	hade of Business	2a, Mailing A	ddress	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For	
21		26				59-2265749		Not Applicat	
Suite, Apt	#, GC.	Suite, Ap	t #, etc.			5. Certificate of Status Desired	1 1 '	1.75 Additional Fee Required	
City & Stat	ie.	City & Sta 28	ate			Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees	
Zip 24]	Country 25	Zip 29	31	Country 0		This corporation has liability for in Florida Statutes	ntangible tax u Yes \[\] No		
Z.11	9. Name and Address of Cu			-		10. Name and Address of New Re	gistered Ageni	i	
REE	SE, BERTRAND			81	Name				
C/O ST. JOHNS REHAB. HOSPITAL 3075 N.W. 35TH AVE.				82	82 Street Address (P.O. Box Number is Not Acceptable)				
	JDERDALE LAKES FL 33311			83					
				84	City		FL B5	L	
office or i agent. La	to the provisions of Sections 607 registered agent, or both, in the Secretariliar with, and accept the c	.0502 and 607.1508, F State of Florida: Such o ibligations of, Section (lorida Statutes hange was aut 507.0505, Florid	the above thorized by da Statute:	e-named cor the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of chan it the appointm	ging its registere ent as registered	
S:GNATURE	Baje a resta si Emportes name of regetor	strage a text title if approache	(NOTE &	togistered Age	ent signature regu	uired when reinstaing)	DATE		
12.	OFFICERS	AND DIRECTORS	······································	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
1000	PD		DELETE	1.1 TITLE			□ C	hange 🔲 Addit	
NAME	reese, Bertrand			1.2 NAME					
STRAFF ALCIDENS	12031 N.W. 1ST ST.			1,3 STREET	ADDRESS				
CITY ST 7F	CORAL SPRINGS FL			1,4 CITY - 9	iT - 71P				
TOLE			DELETE	21 TITLE			□ C	hange Addi:	
NAME				2.2 NAME					
STREET ADDRESS				2 3 STREET	ADDRESS				
CHY \$1-ZF				2 4 CHY-	ST-ZIP				
TILF		L	DELETE	3 1 TITLE	1		□ c	hange 🔲 Addit	
NAME				32 NAME	{				
STREET ADDRESS.				3 3 STREET	ADDRESS				
CITY 51 7P				3.4 CITY-	ST-ZIP				
Airue			DELETE	4.1 TITLE			□ C	hange Addit	
N4Mt	Į.			4. 2 NAME	- 1				
STREET ASCESS.				4.3 STREET	ADDRESS				
Cdy-\$1-7IP				4.4 CITY - S	ST- 7)P				
TIME			DELETE	5.1 1ITLE			□ c	hange 🔲 Addit	
NAME:				5.2 NAME					
STREET ADDRESS				5.3 STREE	ADDRESS				
CTr-S ZP				5.4 CITY - S		•			
- M.H.D. C	•		DELETE	6.1 113LE			□ C	hange Addit	
NAME		-	- '	6.2 NAME				-	
SIMIL! ACCORDS				6.3 STREET	- VUDBEcc				
CHI - ST 7F	I was a second of the second	solved with the diline de	on not qualify.	64 CITY-S		ed in Section 119.07/3/(i) Florida Statuto	. I further east	h, that tha	

The receive carry that the information supplies which is lining doos not quality for the exemption stated in 1960 (5), risingle stated in 1960 (5), risingle stated in 1960 (6), risingle stat