


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J04611			
1. Entity Name PROFESSIONAL SPEECH AND HEARING SPECIALISTS, INC.			
Principal Place of Business 40 S.W. 12TH ST., STE.A102 #C-201 OCALA FL 34474 US		Mailing Address 40 S.W. 12TH ST., STE.A102 #C-201 OCALA FL 34474 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCGINTY, A. EDWARD 201 E.KENNEDY BLVD., SET.1600 TAMPA FL 33602		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 <i>Patricia M Taft</i>		DATE 2/23/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST TAFT, PATRICIA MICHELLE 40 SW 12TH ST OCALA FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000246252 02/28/05-80059-007 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BALD, CHRISTOPHER 40 SW 12TH ST OCALA FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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1st MOORE

CR2E034 (10/04)

4. FEI Number 59-2663388

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia M Taft* Patricia M Taft 2/23/05 352 351 3979