

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J04611

FILED
Apr 08, 2009
Secretary of State

Entity Name: PROFESSIONAL SPEECH AND HEARING SPECIALISTS, INC.

Current Principal Place of Business:

40 S.W. 12TH ST.,STE.A102
#C-201
OCALA, FL 34471 US

New Principal Place of Business:

40 S.W. 12TH ST.
#C-201
OCALA, FL 34471 US

Current Mailing Address:

40 S.W. 12TH ST.,STE.A102
#C-201
OCALA, FL 34471 US

New Mailing Address:

40 S.W. 12TH ST
#C-201
OCALA, FL 34471 US

FEI Number: 59-2663388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINTY, A. EDWARD
201 E.KENNEDY BLVD.,SET.1600
-
TAMPA, FL 33602 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: PST () Delete
Name: TAFT, PATRICIA MICHELLE
Address: 40 SW 12TH ST
City-St-Zip: OCALA, FL

Title: D () Delete
Name: BALD, CHRISTOPHER
Address: 40 SW 12TH ST
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: TAFT, PATRICIA MICHELLE
Address: 40 SW 12TH ST C201
City-St-Zip: OCALA, FL

Title: D (X) Change () Addition
Name: BALD, CHRISTOPHER
Address: 40 SW 12TH ST C201{S
City-St-Zip: OCALA, FL

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: PATRICIA M TAFT

PST

04/08/2009

Electronic Signature of Signing Officer or Director

Date