

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000100177

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATIVE SPEECH REHAB LLC

**Current Principal Place of Business:**

28844 S. DIXIE HWY  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

12905 SW 42ND STREET  
204  
MIAMI, FL 33175 US

**Current Mailing Address:**

28844 S. DIXIE HWY  
HOMESTEAD, FL 33033 US

**New Mailing Address:**

12905 SW 42ND STREET  
204  
MIAMI, FL 33175 US

**FEI Number:** 20-3616283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERS, DIANE  
13474 SW 289 TERRACE  
HOMESTEAD, FL 33033 US

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

PETERS, DIANE  
11562 SW 148 PATH  
MIAMI, FL 33196 US

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: DIANE PETERS

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PETERS, DIANE  
Address: 11562 SW 148 PATH  
City-St-Zip: MIAMI, FL 33196 US

Title: MGRM  
Name: PETERS, KENNETH  
Address: 11562 SW 148 PATH  
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DIANE PETERS

MGR

04/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date