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Jun 27, 2007 8:00 am
Secretary of State

04-30-2007 90044 046 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000071557

1. Entity Name
BAY AREA SPEECH-LANGUAGE PATHOLOGY, LLC

30011281

Principal Place of Business	Mailing Address
2805 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 US	2805 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5289747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAHMAN, NEAL 3219 CORAL RDIGE DRIVE CORAL SPRINGS, FL 33065	Name ERIN SAUNDERS Street Address (P.O. Box Number is Not Acceptable) 2805 Bayshore Gardens Pkwy City Bradenton FL Zip Code 34207

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 E Saunders 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Erin Saunders Same as above ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: E Saunders Erin Saunders 4/25/2007 (941) 751-6869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #