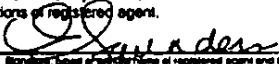


FILED
Jun 27, 2007 8:00 am
Secretary of State

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

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000071557					
1. Entity Name BAY AREA SPEECH-LANGUAGE PATHOLOGY, LLC					
Principal Place of Business 2805 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 US			Mailing Address 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
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 RAHMAN, NEAL 3219 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent 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  DATE 4/25/07 SIGNATURE, name of person named as registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS			C. 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		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
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:  Erin Saunders DATE 4/25/2007 (941) 751-6869 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					