

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 29 1998 8:00am  
Secretary of State

DOCUMENT # **L10807** (0)

1. Corporation Name

**DIMENSIONS: SPEECH LANGUAGE AND LEARNING SERVICE  
S, INC. NORTH**



Principal Place of Business

**1401 SE 9 ST.  
FT. LAUDERDALE FL 33316**

Mailing Address

**1401 SE 9 ST.  
FT. LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/18/1989**

4. FEI Number

**65-0150504**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 481 E. Mount Vernon Drive**

Suite, Apt. #, etc.

**22**

City & State

**23 Plantation FL**

Zip

**24 33325**

Country

**25 USA**

2a. Mailing Address

**26 481 E. Mount Vernon Drive**

Suite, Apt. #, etc.

**27**

City & State

**28 Plantation FL**

Zip

**29 33325**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**DWORKIN, VALERIE  
1401 SE 9 ST.  
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

**Valerie Herskowitz**

82 Street Address (P.O. Box Number is Not Acceptable)

**481 E. Mount Vernon Drive**

83

84 City

**Plantation**

**FL**

85 Zip Code

**33325**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

**Valerie Herskowitz**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/30/98**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DWORKIN, VALERIE**

STREET ADDRESS **1401 SE 9TH ST.**

CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **HERSKOWITZ, VALERIE**

1.3 STREET ADDRESS **481 E. Mount Vernon Dr.**

1.4 CITY-ST-ZIP **Plantation FL 33325**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

**Valerie Herskowitz**

**6/30/98 (854) 423-9700**

CR2E034 (5/98)



**DIMENSIONS**  
Speech, Language, and  
Learning Services North

481 East Mount Vernon Drive, Plantation, Florida 33325 • Phone: (954) 423-9700 • Fax: (954) 236-3877  
Valerie Dworkin Herskowitz, M.A.C.C.C. • Certified Speech/Language Pathologist

July 20, 1998.

This is the second time that I have submitted my annual report with a letter of explanation that indicated that I did not receive the first notice. I was instructed to do this by your office.

*Valerie Herskowitz*