

1999.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L17242**

1. Corporation Name

**DIMENSIONS: SPEECH LANGUAGE AND LEARNING SERVICE
 S. INC. SOUTH**

Principal Place of Business
 30700 WEST OXIE HIGHWAY
 02
 1. MIA BEACH FL 33180
 JS

Mailing Address
 20700 WEST OXIE HIGHWAY
 102
 N. MIA BEACH FL 33180
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1989

4. FEI Number

65-0154739

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 Fees8. This corporation owes the current year
Intangible Personal Property.☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1
Suite, Apt. #, etc.26
Suite, Apt. #, etc.3
City & State27
City & State4
Zip Country28
Zip Country

9. Name and Address of Current Registered Agent

BERRSON, ROBIN
 21310 NE 23RD AVE
 N. MIAMI BCH. FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

2. OFFICERS AND DIRECTORS

FILE	D	<input type="checkbox"/> DELETE
NAME	BERRSON, ROBIN	
REET ADDRESS	21310 N.E. 23RD AVENUE	
Y-ST-ZIP	N. MIAMI BCH. FL 33180	
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
Y-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
Y-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
Y-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
Y-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

(305) 933-5887