2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# M00370

Entity Name: SPEECH PATHOLOGY, INC.

Current Principal Place of Business:

1403 SHORELINE WAY
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

7929 N.W. 20TH ST.
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

1403 SHORELINE WAY
HOLLYWOOD, FL 33019 US

New Mailing Address:

7929 N.W. 20TH ST.
PEMBROKE PINES, FL 33024 US

FEI Number: 59-2400342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESSNE, DONALD L.
1403 SHORELINE WAY
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

TURCHEN, SKIP
12555 ORANGE DR.
SUITE 102
DAVIE, FL 33330 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: SKIP TURCHEN 05/01/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NEWMAN, BARBARA,
Address: 1403 SHORELINE WAY
City-St-Zip: HOLLYWOOD, FL

Title: D (X) Delete
Name: LESSNE, DONALD,
Address: 1403 SHORELINE WAY
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NEWMAN, BARBARA,
Address: 7929 N.W. 20TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA NEWMAN LESSNE DP 05/01/2003
Electronic Signature of Signing Officer or Director Date