


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Mar 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N19003**  
1. Entity Name  
**FLORIDA NETWORK OF NEUROGENIC COMMUNICATION  
DISORDERS, INC.**



Principal Place of Business      Mailing Address  
**3709 W. HAMILTON AVE.  
SUITE 2  
TAMPA FL 33614-4015**      **3709 W. HAMILTON AVE  
SUITE 2  
TAMPA FL 33614-4015**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/04)  
4. FEI Number      Applied For  
**59-2770518**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BARTH, JEANNE M 3709 W. HAMILTON AVE STE. 2 TAMPA FL 33614-4015</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, BETH</b> <b>6094 GLENDALE DRIVE</b> <b>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARTH, JEANNE M</b> <b>3709 W. HAMILTON AVE STE. 2</b> <b>TAMPA FL 33614-4015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAMER, CHERYL</b> <b>129 VIA HAVARRE</b> <b>MERRITT ISLAND FL 34953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHYLAK, JODI</b> <b>1500 PALM BEACH ROAD</b> <b>STUART FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COHEN, GAYLE</b> <b>4105 N. 49TH AVENUE</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jeanne Barth*      **3/26/05**      **813-930-0187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #