

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2007
Secretary of State**

DOCUMENT# N19003

Entity Name: FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISORDERS, INC.

Current Principal Place of Business:

3709 W. HAMILTON AVE
SUITE 2
TAMPA, FL 336144015

New Principal Place of Business:

Current Mailing Address:

3709 W. HAMILTON AVE
SUITE 2
TAMPA, FL 336144015

New Mailing Address:

FEI Number: 59-2770518 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARTH, JEANNE M
3709 W. HAMILTON AVE STE. 2
TAMPA, FL 336144015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, BETH
Address: 6094 GLENDALE DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: BARTH, JEANNE M
Address: 3709 W. HAMILTON AVE STE. 2
City-St-Zip: TAMPA, FL 336144015

Title: D () Delete
Name: KRAMER, CHERYL
Address: 129 VIA HAVARRE
City-St-Zip: MERRITT ISLAND, FL 34953

Title: D () Delete
Name: SHYLAK, JODI
Address: 1500 PALM BEACH ROAD
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: COHEN, GAYLE
Address: 4105 N. 49TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE M. BARTH

V-P

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date