

**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