

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91112 044 \*\*\*\*61.25

**DOCUMENT # N97000003558**

1. Entity Name

**COGNITIVE SPEECH REHAB, INC.**

Principal Place of Business

**218 W. NY AVE  
DELAND FL 32720  
US**

Mailing Address

**218 W. NY AVE  
DELAND FL 32720  
US**

2. Principal Place of Business

**640 N. Volusia Ave.**

3. Mailing Address

**640 N. Volusia Ave.**

Suite, Apt. #, etc.

**#2**

Suite, Apt. #, etc.

**#2**

City &amp; State

**Orange City, FL**

City &amp; State

**Orange City, FL**

4. FEI Number

**59-3078091**

Applied For

Not Applicable

Zip  
**32763**Country  
**USA**Zip  
**32763**Country  
**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, G D  
218 W. NY AVE  
DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

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

**640 N. Volusia Ave.****#2**

City

**Orange City****FL**Zip Code  
**32763**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
BENNETT, GLADYS D  
504 HERMITS TRAIL  
ALTAMONTE SPRINGS FL 32701** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
LAWRENCE-KNIGHT, DEBRA  
1751 GARDA AVE.  
SANFORD FL 32771** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
WEINSTEIN, JOAN  
155 VALENCIA RD  
DEBARY FL 32713** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FISHER, PEGGY  
900 YELLOWBIRD AVE  
DELTONA FL 32725** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**Cohen, Joan**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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:****SHARON L. BECKWITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #