


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005980
 1. Entity Name:
 VOICE AND SWALLOW CENTER, INC.



Principal Place of Business Mailing Address
 2601 N FLAGLER DRIVE 2601 N FLAGLER DRIVE
 SUITE 316 SUITE 316
 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0952691 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOULD, REBECCA L
 2601 N. FLAGLER DR. STE. 316
 WEST PALM BEACH, FL 33407

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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's signature required when re-registering) DATE _____

Filing Fee is \$61.25
 Due by May 1, 2005

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

000000310708
 04/18/05-80014-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOULD, REBECCA L
STREET ADDRESS	2601 N. FLAGLER DR. STE. 316
CITY-STATE-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	SAMARINI, LORI
STREET ADDRESS	2601 N. FLAGLER DRIVE SUITE 316
CITY-STATE-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	SIERK, CAROLYN A
STREET ADDRESS	2601 N FLAGLER DRIVE SUITE 316
CITY-STATE-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied in 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as authorized by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 or changes or on an attachment with an address that is not a like employer.

SIGNATURE: _____ 2/7/05 (561)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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