


**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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