


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005980**

1. Entity Name  
**VOICE AND SWALLOW CENTER, INC.**



Principal Place of Business <b>2601 N FLAGLER DRIVE          SUITE 316          WEST PALM BEACH, FL 33407</b>	Mailing Address <b>2601 N FLAGLER DRIVE          SUITE 316          WEST PALM BEACH, FL 33407</b>
--	--



01272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

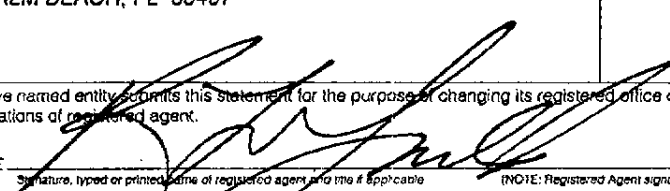
4. FEI Number <b>65-0952691</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GOULD, REBECCA L  
 2601 N. FLAGLER DR. STE. 316  
 WEST PALM BEACH, FL 33407**

**DO NOT WRITE  
 IN THIS SPACE**

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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$91.25  
 Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

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

U00000506705  
 04/27/06-80034-010 61.25

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: **4/19/06** 561 833-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #