

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005980

FILED
Apr 20, 2007
Secretary of State

Entity Name: VOICE AND SWALLOW CENTER, INC.

Current Principal Place of Business:

2601 N FLAGLER DRIVE
SUITE 316
WEST PALM BEACH, FL 33407

New Principal Place of Business:

3375 BURNS ROAD
SUITE 204
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

2601 N FLAGLER DRIVE
SUITE 316
WEST PALM BEACH, FL 33407

New Mailing Address:

3375 BURNS ROAD
SUITE 204
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0952691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOULD, REBECCA L
3375 BURNS ROAD
SUITE 204
PALM BEACH GARDENS, FL 33410 US

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:

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOULD, REBECCA L
Address: 2601 N. FLAGLER DR. STE. 315
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: SAMARIN, LORI
Address: 2601 N FLAGLER DRIVE SUITE 316
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: SIERK, CAROLYN A
Address: 2601 N FLAGLER DRIVE SUITE 316
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOULD, REBECCA L
Address: 3375 BURNS ROAD SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change () Addition
Name: SAMARIN, LORI
Address: 3375 BURNS ROAD, SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change () Addition
Name: SIERK, CAROLYN A
Address: 3375 BURNS ROAD, SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: REBECCA L GOULD

DIRE

04/20/2007

Electronic Signature of Signing Officer or Director

Date