

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000003855

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ANDREA GOTTLIEB, MS, CCC/SLP, INC.

**Current Principal Place of Business:**

790 ANDREWS AVE.  
C206  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

525 OKEECHOBEE BLVD.  
STE. 1530  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-0978871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOTTLIEB, STUART M  
525 OKEECHOBEE BLVD.  
SUITE 1530  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GOTTLIEB, ANDREA  
Address: 790 ANDREWS AVE., C206  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA GOTTLIEB

PRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date