


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90022 047 ***150.00

DOCUMENT # P01000022048	
1. Entity Name EASTSIDE SPEECH PATHOLOGY, INC.	

Principal Place of Business 840 E. OAKLAND PARK BLVD. SUITE 115 FT. LAUDERDALE FL 33334	Mailing Address 840 E. OAKLAND PARK BLVD. SUITE 115 FT. LAUDERDALE FL 33334
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2. Principal Place of Business - No P.O. Box # 6809 NW 29th Ave	3. Mailing Address 6809 N.W 29th
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33309	Zip 33309
Country	Country

4. FEI Number 65-1069796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANGER, LYNNETTE 840 E. OAKLAND PARK BLVD. SUITE 115 FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent Name Granger Lynnette Street Address (P.O. Box Number is Not Acceptable) 6809 N.W 29th AVE City Ft. Lauderdale FL Zip Code 33309

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 Signature, typed or printed name of registered agent and title if applicable.	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 Lynnette Granger-Boyd President 4/28/08	Date	Daytime Phone #
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