

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022048

FILED
Apr 28, 2009
Secretary of State

Entity Name: EASTSIDE SPEECH PATHOLOGY, INC.

Current Principal Place of Business:

6809 NW 29TH AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6809 NW 29TH AVE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1069796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANGER, LYNNETTE
6809 NW 29TH AVE
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRANGER, LYNNETTE
Address: 6809 NW 29 STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP (X) Delete
Name: BOYDEN, ROBERT
Address: 6809 NW 29 STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DS (X) Delete
Name: GRANGER, GISELE
Address: 3985 MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: DT (X) Delete
Name: LARMER, JENNIFER
Address: 10470 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNETTE GRANGER

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date