

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083916

FILED  
Jul 30, 2007  
Secretary of State

Entity Name: SPEECH & LANGUAGE PATHOLOGY GROUP, INC.

**Current Principal Place of Business:**

9095 S.W. 87TH AVENUE  
SUITE 501  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9095 S.W. 87TH AVENUE  
SUITE 501  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-1135679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROCA, BARBARA  
9095 SW 87 AVE  
SUITE 501  
MIAMI, FL 33176 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROCA, BARBARA  
Address: 14055 SW 82 AVE  
City-St-Zip: MIAMI, FL 33158

Title: VPD ( ) Delete  
Name: ROCA, RICARDO  
Address: 14055 SW 82 AVE  
City-St-Zip: MIAMI, FL 33158

Title: STD ( ) Delete  
Name: ROCA, RICARDO  
Address: 14055 SW 82 AVE  
City-St-Zip: MIAMI, FL 33158

**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:

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: BARBARA ROCA

PD

07/30/2007

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

\_\_\_\_\_  
Date