

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000083916

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** SPEECH & LANGUAGE PATHOLOGY GROUP, INC.

**Current Principal Place of Business:**

9830 SW 44TH AVE, SUITE 110  
MIAMI, FL 33156

**New Principal Place of Business:**

9830 SW 77TH AVE, SUITE 110  
MIAMI, FL 33156

**Current Mailing Address:**

9830 SW 44TH AVE, SUITE 110  
MIAMI, FL 33156

**New Mailing Address:**

9830 SW 77TH AVE, SUITE 110  
MIAMI, FL 33156

**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:**

ROCA, BARBARA  
9830 SW 77TH AVE  
SUITE 110  
MIAMI, FL 33156 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: BARBARA ROCA

02/18/2009

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

02/18/2009

Electronic Signature of Signing Officer or Director

Date