

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115613

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** KRISTINA RAIRIE'S SPEECH LANGUAGE THERAPY SERVICES, INC.

**Current Principal Place of Business:**

1651 WEST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461

**New Principal Place of Business:**

3589 E GULF TO LAKE HIGHWAY  
INVERNESS, FL 34453

**Current Mailing Address:**

1651 WEST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461

**New Mailing Address:**

3589 E GULF TO LAKE HIGHWAY  
INVERNESS, FL 34453

**FEI Number:** 82-0569913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAIRIE, RODGER W  
5 OKLAHOMA ST.  
BEVERLY HILLS, FL 34465 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: P  
Name: RAIRIE, KRISTINA  
Address: 5 OKLAHOMA ST.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: V  
Name: GUSTAFSON, KAREN  
Address: 8 OKLAHOMA ST.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T  
Name: RAIRIE, RODGER  
Address: 5 OKLAHOMA ST  
City-St-Zip: BEVERLY HILLS, FL 34465

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: KRISTINA GUSTAFSON-RAIRIE

P

04/30/2011

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

\_\_\_\_\_ Date