


07-12-2004 90017 012 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000082779
 1. Corp Name
SPEECH REHAB SERVICES, INC.



44048039

Principal Place of Business Mailing Address
3154 NW 61ST STREET **3154 NW 61ST STREET**
BOCA RATON, FL 33496 **BOCA RATON, FL 33496**



2. Principal Place of Business 3. Mailing Address
 Same as above Same as above

07072004 Chg-P CR2E034 (10/03)

City & State City & State

4. Fil Number
41-2103774

Zip Country Zip Country

5. Desired State of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SANDLER, JANET L
3154 NW 61ST STREET
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number or Box Address)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

FILE NAME	<input type="checkbox"/> Delete
FILE NAME	<input type="checkbox"/> Delete
FILE NAME	<input type="checkbox"/> Delete
FILE NAME	<input type="checkbox"/> Delete
FILE NAME	<input type="checkbox"/> Delete

11. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN '04

FILE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
FILE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
FILE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
FILE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. The above entity that the information supplied with this filing, does not qualify for the exemption stated in Section 1907(3)(b) Florida Statutes. I further certify that the information furnished on this report is complete and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the 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 attached address with all other like employees.

SIGNATURE: *Janet Sandler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04 561 5424288

Attachment

44048039

7/7/2004

Florida Department of State

Re: #P03000082779

Dear Sirs:

I today received your notice of intent to dissolve my corporation, Speech Rehab Services, Inc. I never received a prior notice to renew my corporate privileges.

I apologize for the late filing. Kindly accept my \$150.00 check as payment in full for my 2004 Annual Report Fee, do not dissolve my corporation. I will be certain to file timely in all future years.

I am enclosing Check # 1567 with this report form. Please inform me in writing to confirm reinstatement.

Janet L. Sandler, President
Janet L. Sandler, President