

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084752

FILED
Mar 25, 2009
Secretary of State

Entity Name: KIDS SPEECH, PHYSICAL, AND OCCUPATIONAL THERAPY, P.A.

Current Principal Place of Business:

ONE OAKWOOD BLVD.
SUITE 130
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

ONE OAKWOOD BLVD.
SUITE 130
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-0141478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, ANNIE B MPT.
138 S.W. 96TH AVE.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

FISCHER, ANNIE B MPT.
1 OAKWOOD BLVD SUITE 130
HOLLYWOOD, FL 33020 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: _____

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISCHER, ANNIE B
Address: 138 S.W. 96TH AVE.
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: ALTIERI, KRISTINA
Address: 4000 EAST LAKE ESTATES DRIVE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FISCHER, ANNIE B
Address: 1 OAKWOOD BLVD SUITE 130
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP (X) Change () Addition
Name: ALTIERI, KRISTINA
Address: 1 OAKWOOD BLVD SUITE 130
City-St-Zip: HOLLYWOOD, FL 33020

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: ANNIE BOUCHEREAU

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date