

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092809

FILED  
Mar 29, 2004  
Secretary of State

Entity Name: SPEECH-TALK REHAB SERVICES, INC.

**Current Principal Place of Business:**

8192 COLLEGE PARKWAY, SUITE B-35  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8192 COLLEGE PARKWAY, SUITE B-35  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-0197190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, HEATHER  
8192 COLLEGE PARKWAY, SUITE B-35  
FORT MYERS, FL 33919

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUTLER, HEATHER  
Address: 16588 WELLINGTON LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: BEAUGEZ, KIM  
Address: 9321 MIDDLE OAK DRIVE  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: DIGGS, CINDY  
Address: 4117 SW 27TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

**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 for the exemption stated in Section 119.07(3)(i), 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: HEATHER BUTLER

D

03/29/2004

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

\_\_\_\_\_  
Date