

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000156857

FILED
Sep 17, 2007
Secretary of State

Entity Name: PAMELA K. ROWE, M.A., CCC-SLP, INC.

Current Principal Place of Business:

2431 ALOMA AVENUE
SUITE 168
WINTER PARK, FL 32792 US

Current Mailing Address:

P.O. BOX 608448
ORLANDO, FL 32860

New Principal Place of Business:

2431 ALOMA AVENUE
SUITE 127
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 20-0544713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE, PAMELA K
2431 ALOMA AVENUE
SUITE 168
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

ROWE, PAMELA K
2431 ALOMA AVENUE
SUITE 127
WINTER PARK, FL 32792 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: PAMELA K. ROWE, M.A., CCC-SLP

09/17/2007

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: P () Delete
Name: ROWE, PAMELA K
Address: 5324 WINDRIDGE LANE
City-St-Zip: ORLANDO, FL 32810

Title: V () Delete
Name: ROWE, JUSTYN
Address: 5324 WINDRIDGE LANE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAMELA K. ROWE, M.A., CCC-SLP

DIR

09/17/2007

Electronic Signature of Signing Officer or Director

Date