

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000119463

FILED  
Oct 14, 2005  
Secretary of State

Entity Name: SPEECH THERAPY WORKS, INC.

## Current Principal Place of Business:

14200 OAK RIDGE DRIVE  
DAVIE, FL 33325 US

## New Principal Place of Business:

PO BOX 741182  
BOYNTON BEACH, FL 33474 US

## Current Mailing Address:

14200 OAK RIDGE DRIVE  
DAVIE, FL 33325 US

## New Mailing Address:

PO BOX 741182  
BOYNTON BEACH, FL 33474 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEAMAN, MELISSA B  
14200 OAK RIDGE DRIVE  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

AGENT SERVICES, LLC  
BOYNTON BEACH  
PO BOX 741182  
BOYNTON BEACH, FL 33474 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: MELISSA CENTOFANTI

10/14/2005

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: SEAMAN, MELISSA B  
Address: 14200 OAK RIDGE DRIVE  
City-St-Zip: DAVIE, FL 33325 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: NEX MANAGEMENT, INC.,  
Address: PO BOX 741182  
City-St-Zip: BOYNTON BEACH, FL 33474 US

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: MELISSA CENTOFANTI

DIR

10/14/2005

Electronic Signature of Signing Officer or Director

Date