

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-31-2006 90006 005 ***158.75
P04000170216
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -2 PM 3:56

50023596



07262008 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1905583

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREIWALD, THOMAS E
P O BOX 82-0007
SOUTH FLORIDA, FL 33082-0007

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FREIWALD, THOMAS E
P O BOX 82-0007
SOUTH FLORIDA, FL 330820007

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
FREIWALD, JULIANNE
P O BOX 82-0007
SOUTH FLORIDA, FL 330820007

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/06

Date

Daytime Phone # _____

ATTACHMENT

50023595

**Speech-Language Pathology & Diagnostic
Clinic of South Florida, Inc.**

7840 N.W. 178th Street, Miami, Florida 33015
Telephone (305) 822-4331 Fax (305) 822-1349

July 26, 2006

Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA FED EX #8512-8916-9822

Re: Corporation Renewal for P04000170216 and P05000002639

Dear Sirs:

On April 15th I mailed the form and my company check in for the above referenced corporation renewal. Simultaneously I sent in the same envelope another corporations renewal and check.

I just recently opened a bank account at my bank and was shocked to be told that the corporation was delinquent. Upon calling your office I was told that in fact neither corporation showed as ever having been re-newed. I have now checked with my accountant and bank records for both companies. I find that the two checks have never cleared the bank and can only assume that something curious has happened. In any case when I spoke to your office I was instructed to download the present forms for both corporations and send in the fee of \$150.00 for each with a letter to request that the late fee of \$400.00 be waived for both.

Accordingly, please find the completed forms for both and the replacement checks for both as well. I would very much appreciate your consideration of my request and granting of the same.

Thank you for your time and attention to this most important matter. Please handle this as expeditiously as possible as the bank is in need of the proof that the corporation is in good standing.

Sincerely,


Thomas E. Freiwald
President

Enclosures as noted