

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000170216

**FILED**  
**Sep 17, 2007**  
**Secretary of State**

**Entity Name:** SPEECH-LANGUAGE PATHOLOGY & DIAGNOSTIC CLINIC OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

7840 NW 178 STREET  
MIAMI, FL 330153649

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 82-0007  
SOUTH FLORIDA, FL 330820007

**New Mailing Address:**

**FEI Number:** 25-1905583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FREIWALD, THOMAS E  
P O BOX 82-0007  
SOUTH FLORIDA, FL 330820007 US

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

FREIWALD, THOMAS E  
82-0007  
SOUTH FLORIDA, FL 330820007 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: THOMAS E FREIWALD

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: FREIWALD, THOMAS E  
Address: P O BOX 82-0007  
City-St-Zip: SOUTH FLORIDA, FL 330820007

Title: V ( ) Delete  
Name: FREIWALD, JULIANNE  
Address: P O BOX 82-0007  
City-St-Zip: SOUTH FLORIDA, FL 330820007

**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: THOMAS E FREIWALD

PRES

09/17/2007

Electronic Signature of Signing Officer or Director

Date