

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063047

FILED
Apr 20, 2009
Secretary of State

Entity Name: J. OLIVER SPEECH PATHOLOGY SERVICES, INC.

Current Principal Place of Business:

4831 DIXIANA DR
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

P O BOX 597
BOWLING GREEN, FL 33834

New Mailing Address:

FEI Number: 54-2171776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVER-FULSE, JOYCE
4831 DIXIANA DRIVE
SUITE C
BOWLING GREEN, FL 33834 US

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: PSD () Delete
Name: OLIVER-FULSE, JOYCE
Address: 4915 MASON DIXON AVENUE
City-St-Zip: BOWLING GREEN, FL 33834

Title: VD () Delete
Name: FULSE, CHARLES
Address: 4915 MASON DIXON AVENUE
City-St-Zip: BOWLING GREEN, FL 33834

Title: TD () Delete
Name: JACKSON, WEALTHIA L
Address: 4915 MASON DIXON AVENUE
City-St-Zip: BOWLING GREEN, FL 33834

Title: SC () Delete
Name: OLIVER, BELINDA
Address: 4915 MASON DIXON AVENUE
City-St-Zip: BOWLING GREEN, FL 33834

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:

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: JOYCE OLIVER-FULSE

PSD

04/20/2009

Electronic Signature of Signing Officer or Director

Date