2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063047

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

FILED Jan 11, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4831 DIXIANA DR 107 HANCHEY ROAD BOWLING GREEN, FL 33834 WAUCHULA, FL 33873

Current Mailing Address: New Mailing Address:

P O BOX 597 P O BOX 396

BOWLING GREEN, FL 33834 WAUCHULA, FL 33873

FEI Number: 54-2171776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

OLIVER-FULSE, JOYCE
4831 DIXIANA DRIVE
5017 HANCHEY ROAD
5017 WAUCHULA, FL 33873 US

BOWLING GREEN, FL 33834 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: JOYCE OLIVER-FULSE 01/11/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD

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

Title: VD

Name: FULSE, CHARLES

Address: 4915 MASON DIXON AVENUE City-St-Zip: BOWLING GREEN, FL 33834

Title: TD

Name: JACKSON, WEALTHIA L Address: 4915 MASON DIXON AVENUE City-St-Zip: BOWLING GREEN, FL 33834

Title: SC

Name: OLIVER, BELINDA

Address: 4915 MÁSON DIXON AVENUE City-St-Zip: BOWLING GREEN, FL 33834

I hereby 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 all other like empowered.

SIGNATURE: JOYCE OLIVER-FULSE PSD 01/11/2010