2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

107 HANCHEY ROAD
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P O BOX 396
WAUCHULA, FL 33873

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
107 HANCHEY ROAD
WAUCHULA, FL 33873 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

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 MASON 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 03/02/2011

Electronic Signature of Signing Officer or Director Date