


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90049 033 ***150.00

DOCUMENT # P06000076754					
1. Entity Name SPEECH & LANGUAGE PATHOLOGY OF CENTRAL FLORIDA INC.					
Principal Place of Business 7605 CONROY WINDERMERE RD. ORLANDO, FL 32835			Mailing Address P.O. BOX 291 WINTER PARK, FL 32790		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-4992038	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESDEN, LAILA 7605 CONROY WINDERMERE RD. ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ESDEN, LAILA STREET ADDRESS 2180 NORTH PARK AVENUE, SUITE 230 CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE P NAME Esden, Laila STREET ADDRESS 7605 Conroy Windermere Rd CITY-ST-ZIP Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ESDEN, LAILA STREET ADDRESS 2180 NORTH PARK AVENUE, SUITE 230 CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE VP NAME Esden, Laila STREET ADDRESS 7605 Conroy Windermere Rd CITY-ST-ZIP Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  LAILA ESDEN			3/27/07 407.291.9393		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		