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

2007 FOR PROFIT CORPORATIO ANNUAL REPORT	N
W IN ACRUS III DOGGOGGGGGGG	

DOCUMENT # P06000076754 1. Entity Name					04-09-2007 90049 033 ***150.00			
SPEECH FLORIDA	& LANGUAGE PATHOLOG INC.	Y OF CENTRAL						
Principal Place	e of Business	Mailing Address				-		
,	Y WINDERMERE RD.	P.O. BOX 291 WINTER PARK, FL 327	90					
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03272007 Chg-P CR2E034 (12/06)		
City & State		City & State				4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Count	ry		5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current	Registered Agent		Nama		7. Name and Address of New Registered Agent		
ESDEN. LA	AILA		l	Name	ime			
	7605 CONROY WINDERMERE RD. ORLANDO, FL 32835				Street Address (P.O. Box Number is Not Acceptable)			
			Ī	City		FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or re	eaistere	red agent, or both, in the State of Florida. I am familiar with, and accept		
	ions of registered agent.				9.2			
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature r	required	d when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND		11.	<i>[</i>	2	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P ESDEN, LAILA	☐ Delete	TITLE	بيا ا	SII	en, Laila Addition		
STREET ADDRESS CITY-ST-ZIP	2180 NORTH PARK AVENUE, S WINTER PARK, FL 32789	UITE-230	STREE	ET ADDRESS 1	HQ VIn	25' Conray Windermore Rol		
TITLE	VP	☐ Delete	TITLE	1.7	Plan	Change Addition		
NAME STREET ADDRESS	ESDEN, LAILA 2180 NORTH PARK AVENUE, S	HITE-230-	NAME	E ET ADDRESS		in Connor Windwalre Ed		
CITY-ST-ZIP	WINTER PARK, FL 32789			-ST-ZIP	ŽŽ	ando, FL 32KJ5		
TITLE NAME	S ESDEN, LAILA	☐ Delete	TITLE NAME		250	SCIUN CAIL Addition		
STREET ADDRESS	2180 NORTH PARK AVENUE, S	⊎ ITE 230 - ,		ET ADDRESS	tul	on Conroy Windermar Rd		
CITY-ST-ZIP	WINTER PARK, FL 32789	□ Poleto		-ST-ZIP		Clant City Addition		
TITLE NAME	T ESDEN, LAILA	☐ Delete	TITLE NAME		177	Stemplatia Windermere Transport		
STREET ADDRESS CITY-ST-ZIP	2180 NORTH PARK AVENUE, 3 WINTER PARK, FL 32789	UITE 230-		ET ADDRESS -ST-ZIP	'nΛ	lahelo H. 31835		
TITLE		☐ Delete	TITLE	.	۱۱۱۳	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAMÉ STREE	E ET AODRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME	-	☐ Delete	TITLE	1		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 of 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 attachmen with an address, with all other like empowered.								
1 1 1 1 Edgio 3/17/01 402 101 13(13)								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days the Phone &								