

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076754

FILED
Jan 07, 2008
Secretary of State

Entity Name: SPEECH & LANGUAGE PATHOLOGY OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

7605 CONROY WINDERMERE RD.
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 30-4992038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESDEN, LAILA
7605 CONROY WINDERMERE RD.
ORLANDO, FL 32835 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: P () Delete
Name: ESDEN, LAILA
Address: 7605 CONVOY WINDERMERE RD
City-St-Zip: ORLANDO, FL 32835

Title: VP () Delete
Name: ESDEN, LAILA
Address: 7605 CONVOY WINDERMERE RD
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: ESDEN, LAILA
Address: 7605 CONVOY WINDEMERE RD
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: ESDEN, LAILA
Address: 7605 CONVOY WINDEMERE RD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESDEN, LAILA
Address: 7605 CONROY WINDERMERE RD
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: ESDEN, LAILA
Address: 7605 CONROY WINDERMERE RD
City-St-Zip: ORLANDO, FL 32835

Title: S (X) Change () Addition
Name: ESDEN, LAILA
Address: 7605 CONROY WINDERMERE RD
City-St-Zip: ORLANDO, FL 32835

Title: T (X) Change () Addition
Name: ESDEN, LAILA
Address: 7605 CONROY WINDERMERE RD
City-St-Zip: ORLANDO, FL 32835

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: LAILA ESDEN

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date