

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027062

Entity Name: NSB SPEECH THERAPY INC.

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

1250 BOLTON RD.
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2839
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

1250 BOLTON RD.
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 20-8497512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALOMONE, FILLIPPA
1250 BOLTON RD.
NEW SMYRNA BEACH, FL 32170 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALOMONE, FILLIPPA
Address: 1250 BOLTON RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FILLIPPA SALOMONE

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

Date