2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P08000005201

Entity Name: SOUTH FLORIDA BI-LINGUAL SPEECH THERAPY, INC.

Current Principal Place of Business:

13934 N. CYPRESS COVE CIRCLE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13934 N. CYPRESS COVE CIRCLE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 77-0710154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, ZULMA
13934 N. CYPRESS COVE CIRCLE
DAVIE, FL 33325 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: P
Name: MARTINEZ, ZULMA
Address: 13934 N. CYPRESS COVE CIRCLE
City-St-Zip: DAVIE, FL 33325 US

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: ZULMA MARTINEZ MS. 04/18/2011

Electronic Signature of Signing Officer or Director — Date