

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024126

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: ONE VOICE THERAPY SERVICES, INC.

**Current Principal Place of Business:**

11734 SUMMER SPRINGS DRIVE  
RIVERVIEW, FL 33579

**New Principal Place of Business:**

**Current Mailing Address:**

11734 SUMMER SPRINGS DRIVE  
RIVERVIEW, FL 33579

**New Mailing Address:**

FEI Number: 26-2135838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDEZ, TANYA  
11734 SUMMER SPRINGS DRIVE  
RIVERVIEW, FL 33579 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,S ( ) Delete  
Name: FERNANDEZ, TANYA  
Address: 11734 SUMMER SPRINGS DR  
City-St-Zip: RIVERVIEW, FL 33579

**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: TANYA FERNANDEZ

P.S.

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date