

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000010392

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** KERNAGHAN AND MOORE: SPEECH AND LANGUAGE THERAPY SERVICES, INC.

**Current Principal Place of Business:**

7633 CITA LANE  
SUITE 101  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

7633 CITA LANE  
SUITE 101  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 26-4247135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOORE, AMANDA  
16240 LAKE PALM DRIVE  
LUTZ, FL 33549 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: CEOP  
Name: KERNAGHAN, KELLY  
Address: 6509 GOVERNORS DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: CFOT  
Name: MOORE, AMANDA  
Address: 16240 LAKE PALM DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: S  
Name: MOORE, AMANDA  
Address: 16240 LAKE PALM DRIVE  
City-St-Zip: LUTZ, FL 33549

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: KELLY KERNAGHAN

CEOP

04/29/2011

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

\_\_\_\_\_  
Date