

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000069719

**FILED**  
**Jan 31, 2013**  
**Secretary of State**

**Entity Name:** SHANNON TAYLOR SPEECH LANGUAGE PATHOLOGIST, INC.

**Current Principal Place of Business:**

2456 SW INDEPENDENCE AVENUE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2456 SW INDEPENDENCE AVENUE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 90-0617271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, SHANNON  
2456 SW INDEPENDENCE AVENUE  
PORT SAINT LUCIE, FL 34953 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:** SHANNON TAYLOR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TAYLOR, SHANNON  
**Address:** 2456 SW INDEPENDENCE AVENUE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

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:** SHANNON TAYLOR

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

PRES

01/31/2013

\_\_\_\_\_  
Date