

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2011
Secretary of State

Entity Name: SPEECH & OCCUPATIONAL THERAPY, INC.

Current Principal Place of Business:

20890 HIGHLAND LAKES BLVD.
N. MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

20890 HIGHLAND LAKES BLVD.
N. MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, YARON J
20890 HIGHLAND LAKES BLVD.
N. MIAMI BEACH, FL 33179 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/T
Name: MAGRINA, ADRIANA
Address: 11260 SHADY LANE
City-St-Zip: PLANTATION, FL 33325 US

Title: VP/S
Name: BAKER, YARON J
Address: 20890 HIGHLAND LAKES BLVD.
City-St-Zip: N. MIAMI BEACH, FL 33179 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: YARON BAKER

VP

04/20/2011

Electronic Signature of Signing Officer or Director

Date