

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90011 026 \*\*\*158.75

**DOCUMENT # P94000058535**

1. Entity Name  
**WEST ORANGE SPEECH PATHOLOGIST, INC.**



Principal Place of Business  
**2740 SPRINGFIELD DRIVE  
OCOE FL 34761**

Mailing Address  
**POST OFFICE BOX 555907  
ORLANDO FL 32855**



2. Principal Place of Business  
**Arden Hill Medical Center**  
Suite, Apt. #, etc. **West Orange Speech Pathologist, Inc.**  
**6388 Silver Star Rd. Ste 2E**  
City & State  
**Orlando FL**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
**32818**  
Country  
**USA**

2nd MOORE CR2E034 (5/05)

4. FEI Number **59-3257350** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TATUM-RILEY, LINDA West Orange Speech Pathologist, Inc.**  
**6388 SILVER STAR RD STE 2E**  
**ORLANDO FL 32818**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda Tatum-Riley* DATE 7/26/05  
Signature, typed or printed name of registered agent and agent applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TATUM-RILEY, LINDA 2740 SPRINGFIELD DR OCOE FL 34761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Tatum-Riley* DATE 7/26/05 (407) 298-5300-0FF. (407) 925-3356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

50058425  
#P94000058535

July 12, 2005

TO: Florida Department of State  
Division of Corporations  
1234 street  
Tallahassee, Florida 34777

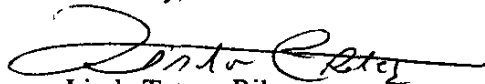
From: West Orange Speech Pathologist, Inc.  
6388 Silver Star Rd. Ste 2-E  
Orlando, Florida 32818  
P.O. BOX 555907  
Orlando, Florida 32855

Dear Sir/Madam

I am writing to inform you that I did not receive my first notice for the filing of my Annual Report for 2005 until recently. I would like to request a waiver for the late filing fee of 500.00.

Please consider my request. If you have any further questions I can be reached at (407) 298-5300. Thanks in advance for your consideration.

Sincerely;



Linda Tatum-Riley  
Owner