


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90170 026 ***150.00

DOCUMENT # P94000058535 1. Entity Name WEST ORANGE SPEECH PATHOLOGIST, INC.					
Principal Place of Business ARDEN HILL MERIDIAN CENTER 6388 SILVER STAR RD., STE 2E ORLANDO, FL 32818			Mailing Address POST OFFICE BOX 555907 ORLANDO, FL 32855		
2. Principal Place of Business - No P.O. Box # Arden Hill Medical Center		3. Mailing Address Suite, Apt. #, etc. 2E			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3257350	
Zip 32818		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TATUM-RILEY, LINDA 6388 SILVER STAR RD STE 2E ORLANDO, FL 32818				7. Name and Address of New Registered Agent Name Tatum-Riley, Linda Street Address (P.O. Box Number is Not Acceptable) 6388 Silver Star Rd. Ste. 2E City Orlando FL 32818	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	P TATUM-RILEY, LINDA 2740 SPRINGFIELD DR OCOE, FL 34761 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Linda Riley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-10-7(40)425-298- Date Daytime Phone 5300		