

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 22 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070761 (9)**

1. Corporation Name  
**SPEECH PATHOLOGY CONSULTANT GROUP, INC.**

600001438836  
-03/24/95--01054--012  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**11214 PINES BLVD., SUITE 196  
PEMBROKE PINES FL 33026**

3. Date Incorporated or Qualified **09/26/1994** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc 26. Suite, Apt. #, etc  
22. City & State 27. City & State  
23. Zip 25. Country 28. Zip 29. Country  
24. 30.

4. FEI Number **65-0524564** Applied For  Not Applicable  
5. Certificate of Status Deferment  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SCHWARTZ, DAVID A  
8181 W. BROWARD BLVD.  
SUITE 204  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of current registered agent and fee if applicable) \_\_\_\_\_ (Name of Registered Agent (signature required) and fee if applicable)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME <b>Both S. Passman</b>
13 STREET ADDRESS	14 CITY, ST, ZIP <b>Pembroke Pines FL 33029</b>
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY, ST, ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY, ST, ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY, ST, ZIP
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY, ST, ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY, ST, ZIP

3/22/95  
MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in the ordinary course of business. 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Both S. Passman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 437-2029