PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATION FOR STATEMENT	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED			
DOCUMENT # P94000070761					97 FEB -6 AM 9: 49		
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SPEECH PATHOLOGY CONSULTANT GROUP, INC.					MELMINO	interpretation of the second	
Principal Place of Business Mailing Address .							
1233 NW 179 Terrace SAME Pembroke Pines, FL 33029					REINST	ATEMENT	910-97
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified		
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.		To Do Business	in Florida 09/26/9	4
City & State		City & State	City & State		5. FEI Number Applied For Applied For Not Applicable		
Zip Country		Zip		Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		dditional Fee required
7. Names a	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofi	t corporations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 2		3 (Do	Street Address of Each Officer and/or Director NOT Use Post Office Box N	· •	City / State /	Zıp
P Beth Passman			1233 NW 179 Terrace		3	Pembroke Pines,	FL 33029
<i>J</i>					300	100208471 -02/12/97010 ****915.00 **	18001
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
1	Beth Passman 1233 NW 179 Terrace Pembroke Pines, FL 3	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				p Code	
10. I, being	appointed the registered again of the ab	ove named corpo	ration, am fa	miliar with and accept the ot	oligations of Section 60) FL)	
Signature of Registered		UU EGISTERED AG	ENT MUST	SIGN		Date 1/31/97	
11. Do De	es this corporation pay ept. of Revenue under S	any intang 199.032,	ible tax Florida	to the Statutes. Yes	X No 🗆	(See other side for on intangible	
this rein: owed by	that I am an officer or director or the rece statement application, the reason for diss the corporation have been paid and the application is true and accurate, and my s	olution has been names of individu	eliminated, t uals listed or	he corporate name satisfies this form do not qualify for	the requirements of se an exemption under se	ection 607.0401 or 617.0 401, i	F.S., that all fees
SIGNAT	TURE: BEEL & P.A.	ennan.			1/3/1	/ 17 ·	
	SIGNATURE AND TYPED OR PE Beth Passman		IGNING OFFI	CER OR DIRECTOR		Date Daytime	Phone #