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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90061 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000070761**

1. Corporation Name
SPEECH PATHOLOGY CONSULTANT GROUP, INC.



Principal Place of Business: 1233 NW 179 TERRACE, PEMBROKE PINES FL 33029
 Mailing Address: 1233 NW 179 TERRACE, PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **09/26/1994**

4. FEI Number: **65-0524564** Applied For: Not Applicable:

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

PASSMAN, BETH
1233 NW 179 TERRACE
PEMBROKE PINES FL 33029

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**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

P	PASSMAN, BETH	<input type="checkbox"/> DELETE
1233 NW 179TH TERRACE		
PEMBROKE PINES FL 33029		
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE

* Correct Name to read as above in # 9

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beth Passman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 954 437-0029
 Date Daytime Phone #

CR2E034 (1/198)