

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90004 039 ***150.00

DOCUMENT # P94000070761

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0524564**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASSMAN, BETH
 1233 NW 179 TERRACE
 PEMBROKE PINES FL 33029**

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
PASSMAN, BETH
 STREET ADDRESS **1233 NW 179TH TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

01/07/02 **01/07/02** *954 437-0029* **954 437-0029**
Date Daytime Phone #

01/15/02 8:00 AM

CR2E034 (9/01)