## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



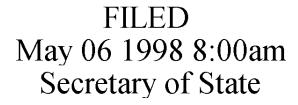
FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073122 (1)

CORNERSTONE SPEECH, LANGUAGE & HEARING SERVICES, P.A.





Principal Place of Business Mailing Address						n indistate sin casar mans datis datis datis datis datis datis indian sina sinat sinat sinat				INDIQ HIBI FABI
1300 FLORIDA AVE UNIT A			1300 FLORIDA AVE LINIT A							
ROCKLEDGE FL \$2955			ROCKLEDGE FL 32955					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	-	<del></del> -
								10/03/1994		i
2. Principal Pi	ace of Busin	ess	2a. Mailing	Address				4, FEI Number	1 /	Applied For
21	0 DO		26	, , , , , , , , , , , , , , , , , , , ,				59-3274516	ļ <b>ļ</b>	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							Additional
22			27					5. Certificate of Status Desired		Required
City & State	<del></del>	City & State					6. Election Campaign Financing	\$5.00	May Be	
23			28					Trust Fund Contribution		to Fees
Zip		Country	Zip		Co	untry	,	8. This corporation owes or has paid the c	urren vear li	ntangible
24	1	25	29		30			Personal Property Tax due June 30.	Yes	□Ño
	9. Name	and Address of Current	Registered A	gent	1			10. Name and Address of New Registered	d Agent	
PO	NTONES (	CYNTHIA I				B1	Name			Ì
PONTONES, CYNTHIA L 1300 FLORIDA AVE UNIT A						82	Stroot A	Address (P.O. Box Number is Not Acceptable)		
	CKLEDGE				02	Sileer	Address (1.0. box Normber is Not Acceptable)			
110	OUNTRACE	L 02000				83				1
									···	
						84	City	F	L   <b>85</b>   Zig	Code
11. Pursuant t	lo the provisi	ons of Sections 607,0502	and 607,1508	. Florida Stati	ites, the a	above	e-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, typed or profind name of registered agent and form' applicable (NOTE Registered Agent's gnature required when reinstating)  DATE.										
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D			DELETE	1.1	TITLE			Change	☐ Addition
NAME PONTONES, CYNTHIA L					1.2 (	NAME				
STREET ADDRESS 1300 FLORIDA AVE UNIT A			1.3 STREET ADDR			STREET	ADDRESS			
CITY-ST-ZIP	ROCKLE	DGE FL 32955			1.41	CITY-S	IT-ZIP			
TITLE				DELETE	2.1	TITLE			Change	Addition
NAME					221	NAME				
STREET ADDRESS					2.3 3	STREET	ADDRESS			
CITY-ST-ZIP					2. 4	CITY-S	ST-ZIP	;		
TITLE		····		DELETE		IITLE			Change	☐ Addition
NAME					321	NAME				l
STREET ADDRESS					3.3	STAEET	ADDRESS			1
CITY-ST-ZIP					3.4.	CITY-S	ST-ZIP			İ
TITLE				DELETE		IITLE			Change	Addition
NAME					4. 2	NAME				l
STREET ADDRESS					4.3 5	STREET	ADDRESS			l
CITY-ST-ZIP					4.41	DITY-S	it · ZIP			l
TITLE				DELETE		ITLE			Change	☐ Addition
NAME					5.21	NAME				
STREET ADDRESS					5.3 3	STREET	ADDRESS			l
CITY-ST-ZIP					541	DITY-S	IT-ZIP			l
TITLE				DELETE		TITLE			Change	Addition
NAME					621	NAME				l
STREET ADDRESS							ADDRESS			l
CITY-ST-ZIP						CITY-S	- 1			l
0111-01-21					( all a	,,,, O	4	The Court 440 02(0)() Floride Contract ( Court	ماه المام الألام المام	

r nereby 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 receiver or indice suppowered 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.

1/27/08 107/03/108