SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 SEP 16 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053815

1. Corporation Name
A SPEECH HEARING & STRESS CLINIC INC.
4235 57th Avenue North
St. Petersburg, FL 33714

Principal Place of Business / Mailing Address
4235 57th Avenue North
St. Petersburg, FL 33714

3. Date Incorporated or Qualified: July 12, 1995
3a. Date of Last Report: —

2. Principal Place of Business
21 4235 57th Ave.N.
Suite, Apt #, etc 22 ---
City & State 23 St. Petersburg, FL
Zip 24 33714 Country 25 Pinellas

2a. Mailing Address
26 same
Suite, Apt # etc 27 ---
City & State 28 same
Zip 29 same Country 30 same

4. FEI Number 59-3323352 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $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
Ronald J Shelby
6550 1st Ave. North
St. Petersburg, FL 33710

10. Name and Address of New Registered Agent
81 Name: HELEN GAIL REED
82 Street Address (P.O. Box Number is Not Acceptable): 4235 57 Avenue North
83 St. Petersburg, FL 33714
84 City: St. Petersburg, FL FL 85 Zip Code: 33714

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: Helen Gail Reed
Signature (typed or printed name of registered agent and title if applicable) (Both Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	Clinical director	☐ DELETE
NAME	Ronald J Shelby	
STREET ADDRESS	6550 1st Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	Secretary/Treasurer	☐ DELETE
NAME	Helen Gail Reed	
STREET ADDRESS	4235 57th Avenue N	
CITY-ST-ZIP	St.Petersburg, FL 33714	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	100001961861	☐ Change ☐ Addition
2.2 NAME	-10/01/96--01120--007	
2.3 STREET ADDRESS	****225.00 ****225.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DB 9/26	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(x), 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.

SIGNATURE: Helen Gail Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Aug 28, 96 Daytime Phone #: 813 521 3954