

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000064255 (9)

1. Corporation Name

SPEECH PATHOLOGY SERVICES, INC.

Principal Place of Business

8424 4TH STREET, NORTH
SUITE L
ST. PETERSBURG FL 33702

Mailing Address

783 SUWANNEE COURT, NORTH EAST
ST. PETERSBURG FL 33702



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FISHER, JOHN H II
100 NORTH TAMPA STREET
SUITE 3500
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1504, 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, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

LUDLOW, PATRICIA

STREET ADDRESS

783 SUWANNEE COURT, NORTH EAST
ST. PETERSBURG FL 33702

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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)(a), 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 registered or trustee corporation. I have not, this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am authorized to file this report.

SIGNATURE:

Patricia Ludlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

813-622-7882

CR2E034 (12/95)