SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P95000064255 (9)**

1. Corporate 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3800 5th Street N
Suite, Apt. #, etc.
22
City & State
23 St. Petersburg FL
Zip
24 33713
Country
25 USA

2a. Mailing Address
26 316 1st Ave Sw
Suite, Apt. #, etc.
27
City & State
28 Bradenton FL
Zip
29 34205
Country
30 USA

3. Date Incorporated or Qualified
08/17/1995

4. FEI Number
59-3341251
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
FISHER, JOHN H II
100 NORTH TAMPA STREET
SUITE 3500
TAMPA FL 33602

10. Name and Address of New Registered Agent
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 section 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 I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE
(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Office address, an officer must sign above) DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LUDLOW, PATRICIA
STREET ADDRESS 783 SUWANNEE COURT, NORTH EAST
CITY-ST-ZIP ST. PETERSBURG FL 33702
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
[ ] Change [ ] Addition

5 TITLE
6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP
[ ] Change [ ] Addition

9 TITLE
10 NAME
11 STREET ADDRESS
12 CITY-ST-ZIP
[ ] Change [ ] Addition

13 TITLE
14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP
[ ] Change [ ] Addition

17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP
[ ] Change [ ] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[ ] Change [ ] Addition

14. 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 added to the report.

SIGNATURE: X Patricia A Ludlow 7/31/98

CR2E034 (5/96)