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

APPROVED
AND
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1998 MAR 18 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
Reinstatement
97-1998

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

DOCUMENT # P96000040830

1. Corporation Name
Tallahassee Professional Voice Clinic, Inc.

Principal Place of Business
1879 Professional Park Crl.
Tallahassee, FL 32308

Mailing Address
P.O. Box 15981
Tallahassee, FL
32317-5981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 13, 1996

21 2. Principal Place of Business: 1405 Centerville Rd.
22 Suite, Apt. #, etc.: Suite 5400
23 City & State: Tallahassee, FL
24 Zip: 32308 25 Country: U.S.

26 2a. Mailing Address: 710 Sheline Rd.
27 Suite, Apt. #, etc.:
28 City & State: Havana, FL
29 Zip: 32333 30 Country: U.S.

4. FEI Number: 58-2239190 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Kimberle Moon
1879 Professional Park Circle
Tallahassee, FL 32308

10. Name and Address of New Registered Agent

81 Name: Kimberle Moon
82 Street Address (P.O. Box Number is Not Acceptable): 710 Sheline Road
83
84 City: Havana FL 85 Zip Code: 32333

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: Kimberle Moon — Feb. 23, 1998
Signature of new registered agent, if changing (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Kimberle Moon 1879 Professional Park Crl Tallahassee, FL 32308	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P/S/T Kimberle Moon 710 Sheline Road Havana, FL 32333 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard J. Moon 1879 Professional Park Crl Tallahassee, FL 32308	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stefan A. Kiedrowski 1879 Professional Park Crl Tallahassee, FL 32308	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition **REINSTATEMENT**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002462788--9 -03/20/98--01003--017
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	****600.00 ☐ Change ☐ Addition ****600.00 800002462788--9
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	-03/20/98--01003--018 ****308.75 ☐ Change ☐ Addition ****308.75

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: Kimberle Moon Kimberle Moon — Feb. 23, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #