

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000040004



1. Entity Name  
J.M.B. SPEECH AND LANGUAGE PATHOLOGY  
SERVICES, INC.

FILED

04 MAR -8 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3709 W. HAMILTON AVENUE  
#2  
TAMPA, FL 33614

Mailing Address  
3709 W. HAMILTON AVENUE  
#2  
TAMPA, FL 33614



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03102004 Chg-P CR2E034 (10/03)

City & State  
Zip Country

4. FEI Number  
59-3427973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TESTA, PHILIP J  
4726-B NORTH LOIS AVENUE  
TAMPA, FL 33614

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
7000305917  
03/16/04--01031--002 \*\*150.00  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BARTH, JEANNE M  
STREET ADDRESS 15704 SQUIRREL TREE PLACE  
CITY-ST-ZIP TAMPA, FL 33624

TITLE D ☐ Delete  
NAME BARTH, E. RICHARD  
STREET ADDRESS 15704 SQUIRREL TREE PLACE  
CITY-ST-ZIP TAMPA, FL 33624

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## Division of Corporations

## Annual Report

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Business Entity Name

J.M.B. SPEECH AND LANGUAGE PATHOLOGY SERVICES, INC.

FEI Number

593427973

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

3709 W. HAMILTON AVENUE

Suite, Apt. #, etc.

#2

City, State

TAMPA

FL

Zip Code &amp; Country

33614

## Mailing Address

Address

3709 W. HAMILTON AVENUE

Suite, Apt. #, etc.

#2

City, State

TAMPA

FL

Zip Code &amp; Country

33614

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

TESTA

PHILIP

J

-or- RA Business Name

Address

4726-B NORTH LOIS AVENUE

Suite, Apt. #, etc.

City, State

TAMPA

FL

Zip Code &amp; Country

33614

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



## Division of Corporations

## Annual Report

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Business Entity Name

J.M.B. SPEECH AND LANGUAGE PATHOLOGY SERVICES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)     
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)     
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

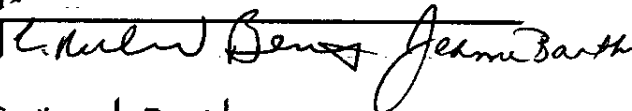
Title   
Name (Last, First, Middle, Title)     
-or- Entity Name   
Street Address

City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

**C List more than six Officers/Directors** **6 No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature 

**Sunbiz Home Page**

**Public Access Help**