

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101096

FILED  
Jul 13, 2004  
Secretary of State

Entity Name: SPEECH THERAPY CLINIC, INC.

## Current Principal Place of Business:

7840 N.W. 178TH STREET  
MIAMI, FL 33015

## New Principal Place of Business:

7840 N.W. 178TH STREET  
MIAMI, FL 330153649

## Current Mailing Address:

7840 N.W. 178TH STREET  
MIAMI, FL 33015

## New Mailing Address:

P. O. BOX 82-0007  
SOUTH FLORIDA, FL 331820007

FEI Number: 65-0797030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FREIWALD, THOMAS E  
7840 N.W. 178TH STREET  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

FREIWALD, THOMAS E  
7840 N.W. 178TH STREET  
MIAMI, FL 330153649 US

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.

SIGNATURE:

07/13/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FREIWALD, THOMAS E  
Address: 7840 N.W. 178TH STREET  
City-St-Zip: MIAMI, FL 33015

Title: V ( ) Delete  
Name: FREIWALD, JULIANNE  
Address: 7840 NW 178TH ST  
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Delete  
Name: FREIWALD, THOMAS E  
Address: 7840 NW 178TH ST  
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete  
Name: FREIWALD, THOMAS E  
Address: 7840 NW 178TH ST  
City-St-Zip: MIAMI, FL 33015

Title: T ( ) Delete  
Name: FREIWALD, THOMAS E  
Address: 7840 NW 178 ST  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FREIWALD, THOMAS E  
Address: P.O. BOX 82-0007  
City-St-Zip: SOUTH FLORIDA, FL 331820007

Title: VP (X) Change ( ) Addition  
Name: FREIWALD, JULIANNE  
Address: P.O. BOX 82-0007  
City-St-Zip: SOUTH FLORIDA, FL 331820007

Title: P (X) Change ( ) Addition  
Name: FREIWALD, THOMAS E  
Address: P.O. BOX 82-0007  
City-St-Zip: SOUTH FLORIDA, FL 331820007

Title: S (X) Change ( ) Addition  
Name: FREIWALD, THOMAS E  
Address: P.O. BOX 82-0007  
City-St-Zip: SOUTH FLORIDA, FL 331820007

Title: T (X) Change ( ) Addition  
Name: FREIWALD, THOMAS E  
Address: P.O. BOX 82-0007  
City-St-Zip: SOUTH FLORIDA, FL 331820007

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E FREIWALD

P

07/13/2004

Electronic Signature of Signing Officer or Director

Date