

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100510

1. Entity Name

PEDIATRIC & ADULT CENTER FOR SPEECH PATHOLOGY, I
NC.



FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90072 033 ***150.00

0084830 AV

Principal Place of Business
4010 GALT OCEAN MILE
1603
FORT LAUDERDALE FL 33308

Mailing Address
400 S. DIXIE HIGHWAY
128
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0884515

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REITANO, ANTHONY J CPA
400 DIXIE HWY #128
BOCA RATON FL 33432

Name

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

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X

TERRIE J. GLADWISH

7/21/03

(954) 224-8978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #
ANTHONY J. REITANO
CERTIFIED PUBLIC ACCOUNTANT

80138618
P98000100510

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 8, 2003

Division of Corporations
Uniform Business Report
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Pediatric & Adult Center for Speech Pathology Inc.
Document #P98000100510
Year ended December 31, 2003

Dear Sir/Madam:

I am in receipt of your 2003 Uniform Business Report for my client, the above-referenced corporation, for 2003. Documentation accompanying the report indicates that the \$550 filing fee is due on or before September 10, 2003, or else the corporation will be administratively dissolved.

Please be advised that this office, which handles numerous Uniform Business Reports, never received the initial Uniform Business Report for 2003 for Pediatric & Adult Center for Speech Pathology Inc, in January of 2003.

Enclosed please the duly executed 2003 Uniform Business Report along with the corporation's check for \$150. Please credit the corporation as having timely filed its Uniform Business Report. Thank you very much for your consideration. Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,


Anthony J. Reitano
Certified Public Accountant

w/ enclosures

cc: Ms Terrie Gladwish, Director

AJR/CAD