

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000023972

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** PEDIATRIC SPEECH AND LANGUAGE PATHOLOGIST, INC.

**Current Principal Place of Business:**

850 EDGEWATER DR  
ORLANDO, FL 3204

**New Principal Place of Business:**

850 EDGEWATER DR  
ORLANDO, FL 32804

**Current Mailing Address:**

850 EDGEWATER DR  
ORLANDO, FL 3204

**New Mailing Address:**

850 EDGEWATER DR  
ORLANDO, FL 32804

**FEI Number:** 59-3566938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHALIFOUX, DEBBIE R  
6105 LAKE LIZZIE DR  
SAINT CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** DOLL, MELANIE D  
**Address:** 850 EDGEWATER DR.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** VSD  
**Name:** DOLL, PHILIP F  
**Address:** 850 EDGEWATER DR.  
**City-St-Zip:** ORLANDO, FL 32804

I hereby 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 all other like empowered.

**SIGNATURE:** MELANIE D DOLL

P

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date