2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # P9900071532 1. Entity Name SPEECH & NEUROREHAB CENTER, INC.							07 90057 040 ** [:]	*150.00
Principal Place of Business		Mailing Address			1 .	400532	35	
1108-A AIRPORT BLVD. PENSACOLA, FL 32504		1108-A AIRPORT BLVD. PENSACOLA, FL 32504			1000			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007	Chg-P	CR2E034 (12/0	6)	
City & State		City & State			4. FEI Number 59-359			Applied For Not Applicable
Zip Country		Zip	Zip Country		1	of Status Desired		Additional
	6 Name and Address of Curren	at Bardatarad A saut		 	<u>l</u>		Fee Requ	rired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
SMEAD, KATHLEEN 1108-A AIRPORT BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
PENSACC	DLA, FL 32504		 		•			
				City			E	ode
The above named entity submits this statement for the purpose of changing its registered of the purpose of the purp							FL	
	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or registe	red agent, or bot	n, in the State of	Florida. I am familiar w	th, and accept
SIGNATURE.								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registers	d Agent signature required	d when reinstating)	•	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				~ ~~	.00 May Be led to Fees			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND DIRECTO	ORS IN 11
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NAME	SMEAD, KATHLEEN							
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NAME			NAM	į.				, CI MOUNT
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CITY-SI-ZIP			CITY	-ST-ZIP				
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CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Defete	TITU				☐ Chang	e 🔲 Addition
NAME STREET ADORESS			NAM Stre	ET ADORESS				
CITY-ST-ZIP				-S1-21P				
12. I hereby o	certify that the information supplied wi	th this filing does not qualify	for the ex-	emotions contained	Lin Chanter 119	Florida Statutes		e information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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/file empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H4/07 (850) 484-9292

Daytme Phone #