

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90056 033 ***150.00

DOCUMENT # S86757

1. Corporation Name

BOCA RATON SPEECH & REHABILITATION CENTER, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1991

4. FEI Number

65-0289191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

Mailing Address

9970
9970 CENTRAL PARK BLVD., SOUTH
101 201
BOCA RATON FL 33428
US

9970 CENTRAL PARK BLVD., SOUTH
101
BOCA RATON FL 33428
US

2. Principal Place of Business

2a. Mailing Address

21 9970 Central Pk Blvd

26 9970 Central Pk Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 201

23 Boca Raton FL

28 Boca Raton FL

24 33428 25 US

29 33428 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERLINGER, SUSAN M.

6666 H. MONTEGO BAY BLVD.

BOCA RATON FL 33433

6399 Via Rosa

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BERLINGER, SUSAN M
STREET ADDRESS 6666 H. MONTEGO BAY BLVD.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE Berlinger, Susan M
NAME 6399 Via Rosa
STREET ADDRESS Boca Raton, FL
CITY-ST-ZIP 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

1/25/99 8830424

CR2E034 (11/98)