

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702748

**FILED**  
**Mar 04, 2014**  
**Secretary of State**  
**CC6718704624**

**Entity Name:** HEARING AND SPEECH CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

9425 SW 72 STREET  
STE 261  
MIAMI, FL 33173

**Current Mailing Address:**

9425 SW 72 STREET  
STE 261  
MIAMI, FL 33173

**FEI Number:** 59-0668488

**Certificate of Status Desired:** Yes

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

LEON, BEATRIZ  
9425 SW 72 STREET  
SUITE 261  
MIAMI, FL 33173 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:** BEATRIZ LEON

03/04/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-PRESIDENT 1  
Name CARSON, JEFFREY L ESQ.  
Address 700 BRICKELL AVENUE  
10TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title V  
Name KOHLY, BETH  
Address 9321 SW 140 STREET  
City-State-Zip: MIAMI FL 33176

Title S  
Name KUPPER, DONNA  
Address 13017 SAN MATEO AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title TREASURER  
Name IZZARY, FRANK BANKER  
Address 15780 SW 72ND STREET  
City-State-Zip: MIAMI FL 33193

Title P, CO-PRESIDENT 2  
Name EICHHOR, CORY ESQ.  
Address 401 EAST LAS OLAS BLVD  
SUITE 2000  
City-State-Zip: MIAMI FL 33301

Title ASSISTANT TREASURER  
Name FERNANDEZ-BARQUIN, JUAN  
ENGINEER  
Address 2520 NW 97TH AVENUE  
SUITE 240  
City-State-Zip: DORAL FL 33172

Title ED  
Name LEON, BEATRIZ  
Address 9425 SW 72 STREET  
SUITE 261  
City-State-Zip: MIAMI FL 33173

Title ASST. SECRETARY  
Name SHUFFIELD, ANITA  
Address 9568 SW 67TH COURT  
City-State-Zip: MIAMI FL 33156

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEATRIZ LEON

ED

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date