

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702748

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC6184901980**

**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

02/01/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title CHAIR  
Name FERNANDEZ-BARQUIN, JUAN JR.  
Address 3663 SW 8TH STREET  
STE 200  
City-State-Zip: MIAMI FL 33135

*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

EXECUTIVE DIRECTOR

02/01/2018

Electronic Signature of Signing Officer/Director Detail

Date