

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703859

**Entity Name:** JACKSONVILLE SPEECH AND HEARING CENTER, INC.**Current Principal Place of Business:**1010 N. DAVIS STREET  
SUITE 101  
JACKSONVILLE, FL 32209**Current Mailing Address:**40 EAST ADAMS STREET, SUITE LL20  
JACKSONVILLE, FL 32202 US**FEI Number:** 59-0970718**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOWLAND, MICHAEL RAYMOND  
40 EAST ADAMS STREET, SUITE LL20  
JACKSONVILLE, FL 32202 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:** MICHAEL R HOWLAND

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PEPIS, RICK DDS  
Address 113 OLD PONTE VEDRA DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name HEARD, ROSA  
Address 11844 MANDARIN ROAD  
City-State-Zip: JACKSONVILLE FL 32223

Title TREASURER  
Name PATSY, RICHARD G CFA  
Address 500 WATER STREET  
C110  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name MCINNES, DAVID MD, MSed  
Address 2627 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title IMMEDIATE PAST CHAIR  
Name RUTH, AMY  
Address 4800 DEERWOOD CAMPUS  
PARKWAY, DC 100-4  
City-State-Zip: JACKSONVILLE FL 32246

Title CEO  
Name HOWLAND, MICHAEL RAYMOND  
Address 1128 N. LAURA STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name CLARK, BRIAN P  
Address 10161 CENTURION PARKWAY, N  
2ND FLOOR  
City-State-Zip: JACKSONVILLE FL 32256

Title CHAIR  
Name O'LEARY, JIM  
Address 111 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

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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:** MICHAEL R HOWLAND

PRESIDENT/CEO

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PINCOMB, MYRON  
Address 4899 BELFORT ROAD  
SUITE 190  
City-State-Zip: JACKSONVILLE FL 32224

Title STRATEGIC OPPORTUNITIES CHAIR  
Name RISNER, PAUL E  
Address 400 NORTH LOMBARDY LOOP  
City-State-Zip: ST. JOHNS FL 32259

Title CHAIR ELECT  
Name ELLIOTT, LYNNE  
Address 3651 SALTMEADOW CT. N  
City-State-Zip: JACKSONVILLE FL 32224

Title STRATEGIC OPPORTUNITIES VICE CHAIR  
Name BARKER, MAE PHD, BCBA-D  
Address 2415 STAFFORD DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title GOVERNANCE CHAIR  
Name WHITKOP, ROBERT  
Address 13166 ANNANDALE DRIVE, S  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name BRITTLE, ANNE PMP  
Address 841 PRUDENTIAL DRIVE  
SUITE 900  
City-State-Zip: JACKSONVILLE FL 32207

Title DEVELOPMENT VICE CHAIR  
Name PITTENGER, LINDA M PHD  
Address 250 HENLEY PLACE  
UNITE 402  
City-State-Zip: WEEHAWKEN NJ 07086

Title DIRECTOR  
Name VALENTINE, RICHARD E  
Address 10950-60 SAN JOSE BLVD STE 167  
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR  
Name WHITE, JIM CPA  
Address 1224 SPRING BRANCH ROAD  
City-State-Zip: SAINT JOHNS FL 32259

Title VICE TREASURER  
Name PURCELL, KEN  
Address 227 ROSCOE BOULEVARD, N  
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR  
Name WEINROTH, ERIC  
Address 161 WOODLANDS CREEK DRIVE  
City-State-Zip: PONTE VEDRA FL 32082

Title SECRETARY  
Name BRENNAN, KIRK  
Address 3107 SAWGRASS VILLAGE CIRCLE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name SHERMAN, STEVEN  
Address 95035 WOODBERRY LANE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DEVELOPMENT CHAIR  
Name KOURY, ANGIE  
Address 4221 BAYMEADOWS ROAD  
SUITE # 5  
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR  
Name EDGE, ROBIN PHD, CCC-SLP  
Address 2800 UNIVERSITY BOULEVARD,  
NORTH  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name HUSBAND, LAUREEN MURUGI ED.D  
Address 1336 SILVER STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name WAIDNER, JOHN WHITMAN MD  
Address 1848 COMMODORE POINT DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003