

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117620

Entity Name: JOANN WOOCKER, MS, CCC, SLP, P.A.

Current Principal Place of Business:

445 WARRIOR TRAIL
ENTERPRISE, FL 32725

Current Mailing Address:

445 WARRIOR TRAIL
ENTERPRISE, FL 32725

FEI Number: 20-5546296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOCKER, SAMUEL S
445 WARRIOR TRAIL
ENTERPRISE, FL 32725 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	WOOCKER, JOANN	Name	WOOCKER, SAMUEL S DR.
Address	445 WARRIOR TRAIL	Address	445 WARRIOR TRAIL
City-State-Zip:	ENTERPRISE FL 32725	City-State-Zip:	ENTERPRISE FL 32725

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

SIGNATURE: SAMUEL S WOOCKER

VP

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date