

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000068454

Entity Name: ELOQUENCE SPEECH-LANGUAGE THERAPY, INC.

Current Principal Place of Business:

4419 WEST PINTOR PLACE
TAMPA, FL 33616

Current Mailing Address:

P.O. BOX 6211
TAMPA, FL 33608

FEI Number: 46-3476455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMOR, MARIANNE F
4419 WEST PINTOR PLACE
TAMPA, FL 33616 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
Name HAMOR, MARIANNE F
Address 4419 WEST PINTOR PLACE
City-State-Zip: TAMPA FL 33616

Title D
Name HAMOR, ELMER R
Address 4419 WEST PINTOR PLACE
City-State-Zip: TAMPA FL 33616

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: MARIANNE F. HAMOR

PRES

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date