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. 04/18/2017

SIGNATURE: JANELLE MCCANDLESS

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015407

Entity Name: ADVANCE SPEECH THERAPY SERVICES, INC.

Current Principal Place of Business:

962 S.W. HAMBERLAND AVE. PORT ST. LUCIE. FL 34953

Current Mailing Address:

962 S.W. HAMBERLAND AVE. PORT ST. LUCIE. FL 34953

FEI Number: 65-0822408

Name and Address of Current Registered Agent:

MCCANDLESS, JANELLE B 962 S.W. HAMBERLAND AVE. PORT ST. LUCIE, FL 34953 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:	JANELLE B MCCANDLESS			04/18/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title \	VP	Title	PRES	
Name M	MCCANDLESS, BRIAN	Name	MCCANDLESS, JANELLE B	
Address 9	962 S.W. HAMBERLAND AVE.	Address	962 SW HAMBERLAND AVE.	

City-State-Zip: PORT ST. LUCIE FL 34953



Certificate of Status Desired: No

City-State-Zip: PORT ST. LUCIE FL 34953

PRESIDENT

Date