

**2013 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

**Certificate of Status Desired:** No

**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MCCANDLESS, BRIAN  
Address 962 S.W. HAMBERLAND AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title PRES  
Name MCCANDLESS, JANELLE B  
Address 962 SW HAMBERLAND AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** JANELLE MCCANDLESS

**PRESIDENT**

**04/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date