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

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: JANELLE B MCCANDI ESS

Of Ti N Α

Officer/Direc	ctor Detail :		
Title	VP	Title	PRES
Name	MCCANDLESS, BRIAN	Name	MCCANDLESS, JANELLE B
Address	962 S.W. HAMBERLAND AVE.	Address	962 SW HAMBERLAND AVE.
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST. LUCIE FL 34953

T I I	I will all second second second	 and the state of t	cc	

2019 FLORIDA PROFIT CORPORATION REINSTATEMENT 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.

IGNATURE:	JANELLE B MCCANDLESS			
	Electronic Signature of Registered Agent			Date
fficer/Direc	tor Detail :			
itle	VP	Title	PRES	
ame	MCCANDLESS, BRIAN	Name	MCCANDLESS, JANELLE B	

PRESIDENT

10/13/2019

FILED Oct 13, 2019 Secretary of State 1173342397CR

Certificate of Status Desired: No

Date