

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 032 ****61.25

DOCUMENT # 741519 1. Entity Name EAR RESEARCH FOUNDATION, INC.					
Principal Place of Business 1901 FLOYD ST SARASOTA, FL 34239 US			Mailing Address 1901 FLOYD ST SARASOTA, FL 34239 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUSSELL, JEFFREY S. 240 S PINEAPPLE AVE SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD SILVERSTEIN, HERBERT MD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	1317 VISTA DRIVE		NAME		
STREET ADDRESS	SARASOTA, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD ROSENBERG, SETH MD ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	1901 FLOYD STREET		NAME	1901 Floyd St	
STREET ADDRESS	SARASOTA, FL 34239		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T BARBERIO, ALLAN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	1858 RINGLINE BLVD.		NAME		
STREET ADDRESS	SARASOTA, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD DESENBERG, CHARLES ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	1901 FLOYD STREET		NAME	1901 Floyd St	
STREET ADDRESS	SARASOTA, FL 34239		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/13/04 9413651397 Date Daytime Phone #		