2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# 741519

Entity Name: EAR RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1901 FLOYD ST
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

1901 FLOYD ST
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 59-1862386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, JEFFREY S.
240 S PINEAPPLE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVERSTEIN, HERBERT, MD
Address: 1317 VISTA DRIVE
City-St-Zip: SARASOTA, FL

Title: VPD ( ) Delete
Name: ROSENBERG, SETH MD
Address: 1901 FLOYD ST
City-St-Zip: SARASOTA, FL 34239

Title: T ( ) Delete
Name: BARBERIO, ALLAN
Address: 1858 RINGLINE BLVD.
City-St-Zip: SARASOTA, FL

Title: SD ( ) Delete
Name: DESENBERG, CHARLES
Address: 1901 FLOYD ST
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: VICARS, JAMESON CPA, PA
Address: 898 PINE RIDGE LANE
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT SILVERSTEIN MD 01/24/2005

Electronic Signature of Signing Officer or Director — Date