2004 LIMITED LIABILITY COMPANY

Aug 05, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000042245 08-05-2004 90072 023 ****50 00 H & M HEARING ASSOCIATES, LLC Principal Place of Business Mailing Address 24078434 594 SE SOUTHWOOD TRAIL 594 SE SOUTHWOOD TRAIL STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business 3. Mailing Address 1320 S.E. Federal Hwy. 1320 S.E. Federal Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. 07192004 Chg-LLC CR2E083 (10/03) 206/207 206/207 City & State Stuart, FL City & State 4. FÉI Number Applied For Stuart, FL 90-0118655 Not Applicable Country U.S.A. Country \$5.00 Additional 34994 5. Certificate of Status Desired 34994 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTHERFORD MULHALL, P.A. Street Address (P.O. Box Number is Not Acceptable) 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON, FL 33431 Zip Code Fl 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 \$50.00 Make check payable to Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE ☐ Change Delete ■ Addition MGRM John D. Moore 1320 S.E. Federal Highway Stuart, FL 34994 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ----☐ Delete TITLE Addition MGRM NAME NAME Patricia Hoglund STREET ADDRESS STREET ADDRESS 1320 S.E. Federal Highway CITY-ST-ZIP CITY-ST-ZIP <u>Stuart, FL 34994</u> ☐ Change TITLE ☐ Delete TITLE ☐ Addition MGRM John Hoglund NAME NAME STREET AUDRESS STREET ADDRESS 1320 S.E. Federal Highway Stuart, FL 34994 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

7-28-04

Date

FILED

(772) 219-9725

Daylime Phone I

JOHN N. MOORE, MANAGING MEMBER

SIGNATURE: ___

RUTHERFORD MULHALL

PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

ATTORNEYS AND COUNSELORS AT LAW

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KAREN J. DRLIN 6
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BOCA RATON OFFICE

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ALSO MEMBER:

- 1 COLORADO BAR
- 2 KENTUCKY BAR
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- *** REAL ESTATE
- ***** TAXATION

August 2, 2004

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re:

2004 Annual Report for H & M Hearing Associates, LLC (the "Company")

Document #L03000042245
Our Reference File No.: 7480.003

Dear Sir or Madam:

On behalf of the Company, enclosed please find completed and executed 2004 Annual Report, along with our firm check in the amount of \$50.00 representing the filing fee and made payable to the Florida Department of State. We would greatly appreciate your filing this Report at your earliest convenience.

Thank you for your time and prompt cooperation. Should you have any questions regarding this filing, please do not hesitate to contact the undersigned.

Very truly yours, Andrine a. Handley

Lalaine A. Landau

Paralegal

encl.

cc: Joseph M. Landolfi, Jr., Esq.

Mr. John Moore, C.F.O., H & M Hearing Associates, LLC