

P00000091949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

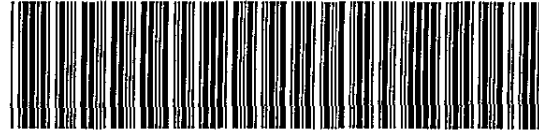
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. Lewis 2/2/04*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEARING CONCEPTS OF OCALA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P00000091949

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT A. STERMER

(Name of Person)

ROBERT A. STERMER, ESQ.

(Name of Firm/Company)

8585 SW HIGHWAY 200, SUITE 9

(Address)

OCALA, FL 34481

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT A. STERMER

(Name of Person)

at (352) 861-0447

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

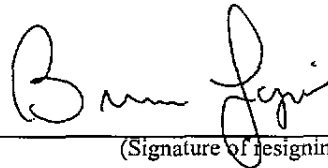
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04 JAN 26 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BRIAN LAZIO, hereby resign as PRESIDENT & DIRECTOR
(Title)

of HEARING CONCEPTS OF OCALA, INC.
(Name of Corporation)

P00000091949 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314