

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

02-25-2004 90022 038 ***150.00

DOCUMENT # P03000004886
 1. Entity Name
ALPHA AUDIOLOGY HEARING HEALTH SERVICES, INC.



Principal Place of Business Mailing Address
 17226 PCB PKWY 17226 PCB PKWY
 STE 575 STE 575
 PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413

66406683



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
ALPHA Audiology **ALPHA Audiology**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1047 Jenks Avenue **1047 Jenks Avenue**
 City & State City & State
Panama City FL **Panama City FL**
 Zip Country Zip Country
32401 **USA** **32401** **USA**

4. FEI Number Applied For
48-1294665 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
A1A REGISTERED AGENT, INC.
92 SADBERRY ROAD
QUINCY FL 32351-0000

7. Name and Address of New Registered Agent
 Name **Anne Marie Taylor**
 Street Address (P.O. Box Number Is Not Acceptable) **1047 Jenks Avenue**
 City **Panama City FL** Zip Code **32401**

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 **Anne Marie Taylor Pres. Owner** DATE **2-13-04**

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	TAYLOR, ANNE MARIE	17226 PCB PKWY, SUITE 575	PANAMA CITY BEACH FL 32413	<input type="checkbox"/>
VD	TAYLOR, TEBOR (T-BOB) H	17226 PCB PKWY, SUITE 575	PANAMA CITY BEACH FL 32413	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
PD	TAYLOR, ANNE MARIE	1047 Jenks Avenue	Panama City FL 32401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	TAYLOR, TEBOR (T-BOB) H	1047 Jenks Avenue	Panama City FL 32401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: **Anne Marie Taylor** **Anne Marie Taylor** Date **3-10-04** Daytime Phone **(351) 763-7767**