2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000004886

ALPHA AUDIOLOGY HEARING HEALTH SERVICES, INC.



FILED Feb 05, 2008 08:00 A Secretary of State

Principal Place of Business		Mailing Address			1					
ALPHA AUDIOLOGY 1047 JENKS AVENUE PANAMA CITY FL 32401		ALPHA AUDIOLOGY 1047 JENKS AVENUE PANAMA CITY FL 32401								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		***************************************	-	til Målma tilli Måsti 90ml m	0	/ 		
Suite, Apt. #. etc.		Suite Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & State		City & State			4. FEI Number	48-1294665			plied For Applicable	
Zıp	Country	Zip	Country		5. Certificate of 8	Status Desired		75 Add Required	litional	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Re				
			Name	Name						
104	/LOR, ANNE M .7 JENKS AVE.		Street Address			(P.O. Box Number is Not Acceptable)				
PAN	NAMA CITY FL 32401									
			City				r L	Zip Co d e		
8. The above the obligat	e named entity submits this statement fo tions of registered agent.	ir the purpose of changing	ils registered office o	ir register	red agent, or both, i	in the State of Flor	rida. I am famili	ar with,	and accept	
SIGNATURE .	Suparture, typed or printed harror of ray tilmed abent	tantita landesna . (NOTE Registered Agent signs	o cannon	o Tour soundalides		DATE			
ra tapa <u>.</u>			MOVE PEGIZIPHED AGE LATES	the require	3 Augustanitās		DAIR			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9.	Election Campai Trust Fund Contr			00 May Be d to Fees	
10. OFFICERS AND		DIRECTORS 11.			ADDITIONS/CH	IANGES TO OFFIC	CERS AND DIR	ECTORS	3IN 11	
TITLE	PD	☐ Delete	TITLE			Linnonne		Change	Addition	
NAME	TAYLOR, ANNE MARIE		NAME		ľ	0000000 02/14/08-8		150.	nn	
STREET ADDRESS CITY-ST-ZIP	1047 JENKS AVE. PANAMA CITY FL 32401		STREET ADDRESS		•	ಲಿಮಾನ ಹಾಗಾ ಬಬ ಬ	مولوما فالماليالياليا	ه دیانی ه		
	VD		CITY-ST-ZIP				,			
TITLE NAME	TAYLOR, TRÉBOR (T-BOB) H	☐ Derete	TITLE NAME					Change	Addition	
STREET ADDRESS	1047 JENKS AVE.		STREFT ADDRESS							
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP							
IIITE		☐ De⊧ete	TITLE					Change	Addition	
NAME STREET ARCHESO			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE				-			r 1		The same of	
NAME		☐ Delete	TITLE NAME				L, 1	Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME OTDEST ADGRESS			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS							
			CITY- S7- ZIP	-				·	<u> </u>	
TITLE NAME		☐ Deiele	TITLE NAME				Lυ	Change	Addition	
STREET ACCRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

02-01-08