

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052505

FILED
Jan 15, 2008
Secretary of State

Entity Name: MOORE HEARING ASSOCIATES, INC.

Current Principal Place of Business:

2502 SE WILLOUGHBY BLVD
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

2502 SE WILLOUGHBY BLVD
STUART, FL 34994 US

New Mailing Address:

FEI Number: 81-0621138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC GLYNN, CHARLES J
2502 SE WILLOUGHBY BLVD
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, JOHN D
Address: 594 SOUTHEAST SOUTHWOOD TRAIL
City-St-Zip: STUART, FL 34997 US

Title: VP () Delete
Name: MCGLYNN, CHARLES J
Address: 606 SOUTHEAST SOUTHWOOD TRAIL
City-St-Zip: STUART, FL 34997 US

Title: T () Delete
Name: ENRIGHT, STEPHEN W
Address: 7101 182ND RD N
City-St-Zip: JUPITER, FL 33458 US

Title: S () Delete
Name: MCGLYNN, CHARLES J
Address: 606 SOUTHEAST SOUTHWOOD TRAIL
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J MCGLYNN

VP

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date