

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90098 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074023

1. Corporation Name

MARION HEARING CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8602 SW HWY 200 SUITE E OCALA FL 34481 US		Mailing Address 8602 SW HWY. 200 SUITE E OCALA FL 34481 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
22		27	
23		28	
24		29	
25		30	
9. Name and Address of Current Registered Agent RINALDI, RICHARD J 8602 SW HWY 200 SUITE E OCALA FL 34481			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVT	1.1 TITLE	
NAME	RINALDI, RICHARD J	1.2 NAME	
STREET ADDRESS	8602 SW HWY. 200, STE E	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	RINALDI, SUSAN E	2.2 NAME	
STREET ADDRESS	8602 SW HWY. 200, SUITE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard J. Rinaldi (RICHARD J. RINALDI) AS 4-6-99 (352) 873-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)