

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000057548

**Entity Name:** BAYSIDE HEARING AID CENTER, INC.

**Current Principal Place of Business:**

16120 SAN CARLOS BLVD  
#10A  
FORT MYERS , FL 33908

**Current Mailing Address:**

7950 BUCCANEER DR  
FORT MYERS BEACH, FL 33931 US

**FEI Number:** 65-1112226

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WINN, ELEANOR RITA  
7950 BUCCANEER DR  
FORT MYERS BEACH, FL 33931 US

*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

**Officer/Director Detail :**

Title PD  
Name WINN, ELEANOR RITA  
Address 7950 BUCANEER DR  
City-State-Zip: FORT MYERS BCH FL 33931

Title PARTNER P.A.  
Name COFER, DAVID PARTNER P,A,  
Address 16120 SAN CARLOS BLVD  
#10A  
City-State-Zip: FORT MYERS FL 33908

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELEANOR RITA WINN

PD

04/20/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date