

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000004886

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC1491849804**

**Entity Name:** ALPHA AUDIOLOGY HEARING HEALTH SERVICES, INC.

**Current Principal Place of Business:**

ALPHA AUDIOLOGY  
203-C N. HIGHWAY 79  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

ALPHA AUDIOLOGY  
203-C N. HIGHWAY 79  
PANAMA CITY BEACH, FL 32413 US

**FEI Number:** 48-1294665

**Certificate of Status Desired:** Yes

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

TAYLOR, ANNE MARIE  
203-C N. HIGHWAY 79  
PANAMA CITY BEACH, FL 32413 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            PRESIDENT  
Name            TAYLOR, ANNE MARIE DR.  
Address        203-C N. HIGHWAY 79  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title            VP  
Name            TAYLOR, TREBOR (T-BOB) H  
Address        203-C N.HIGHWAY 79  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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:** DR. ANNE MARIE TAYLOR

**PRESIDENT**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date