

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000034157

**Entity Name:** PREMIER HEARING SERVICES, INC.

**Current Principal Place of Business:**

3347 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

13650 FIDDLESTICKS BOULEVARD  
SUITE 202-395  
FORT MYERS, FL 33912 US

**FEI Number:** 26-2518837

**Certificate of Status Desired:** No

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

PHILBRICK, LINDA L  
KLETT, MESCHES & JOHNSON, P.L.  
2855 PGA BOULEVARD, SUITE 100  
PALM BEACH GARDENS, FL 33410 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            PRES  
Name            AMON, RICHARD C  
Address        12494 COUNTRY DAY CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title            TRES  
Name            AMON, RICHARD C  
Address        12494 COUNTRY DAY CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title            SEC  
Name            AMON, RICHARD C  
Address        12494 COUNTRY DAY CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title            DIR  
Name            AMON, RICHARD C  
Address        12494 COUNTRY DAY CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title            VP  
Name            AMON, RICHARD C  
Address        12494 COUNTRY DAY CIRCLE  
City-State-Zip: FORT MYERS FL 33913

*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:** LINDA L. PHILBRICK O/B/O RICHARD C. AMON

03/30/2015

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

\_\_\_\_\_ Date