

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000064704

**Entity Name:** PHYSICIAN AUDIOLOGY SERVICES, INC.

**Current Principal Place of Business:**

1108 SOUTH STATE STREET  
108  
BUNNELL, FL 32110

**Current Mailing Address:**

1108 SOUTH STATE STREET  
108  
BUNNELL, FL 32110 US

**FEI Number:** 30-0745527

**Certificate of Status Desired:** No

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

MAYER, MARIA C. ESQ.  
1101 BRICKELL AVENUE  
SUITE N1700  
MIAMI, FL 33131 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:** MARIA C. MAYER

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P T  
Name CROGAN, JOSEPH L  
Address 1 CAITLIN COURT  
City-State-Zip: PALM COAST FL 32137

Title VP S  
Name CAMPOAMOR, PAUL J  
Address 33510 LAKE MYRTLE BLVD.  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name MCKENZIE, PHILIP J.  
Address 1101 BRICKELL AVENUE  
SUITE N1700  
City-State-Zip: MIAMI FL 33131

*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:** PHILIP J. MCKENZIE

**DIRECTOR**

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date