

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90006 046 ***158.75

0172962

DOCUMENT # 519100

1. Entity Name

PROGRESSIVE HEARING & BALANCE CENTER, INC.

Principal Place of Business

4302 ALTON RD.
 THIRD FLOOR ROOM 11
 MIAMI BEACH FL 33140

Mailing Address

4302 ALTON RD.
 THIRD FLOOR ROOM 11
 MIAMI BEACH FL 33140

920815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1709822**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, A. CLIFFORD
4302 ALTON RD., #650
MIAMI BEACH FL 33140

Name **SUSAN ROTH, Ph.D.**

Street Address (P.O. Box Number is Not Acceptable)

4302 Alton Road,

Third Floor Room 11

City **Miami Beach**

FL

Zip Code **33140**

8. 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

SUSAN ROTH, Ph.D. Director/Sec. Treas.

2-14-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **FOSTER, A. CLIFFORD MD**
 STREET ADDRESS **4302 ALTON RD., #650**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE Change Addition
 NAME **President/Director**
 NAME **Brian Foster**
 STREET ADDRESS **4302 Alton Rd 3rd Floor Room 11**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Vice President/Director**
 NAME **Paul Foster, MD**
 STREET ADDRESS **4302 Alton Road 3rd Floor Room 11**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Secretary Treasurer/Director**
 NAME **SUSAN ROTH, Ph.D.**
 STREET ADDRESS **4302 Alton Road 3rd Floor Room 11**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSAN ROTH, Ph.D. / SUSAN ROTH Ph.D.

2-14-01

(305)531-0472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)