

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1709822

Applied For

Not Applicable

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

Change Addition

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

Change Addition

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 #

0172962

CR2E034 (10/00)

920815

