


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90013 030 ***158.75

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 1100 Kane Concourse Suite, Apt. #, etc.		3. Mailing Address 1100 Kane Concourse Suite, Apt. #, etc.	
City & State Bay Harbor Islands, FL		City & State Bay Harbor Islands, FL	
Zip 33154	Country US	Zip 33154	Country US
4. FEI Number 59-1709822		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUSAN ROTH PL.D. 4302 ALTON RD THIRD FLOOR ROOM 11 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name: SUSAN ROTH Ph. D. Street Address (P.O. Box Number is Not Acceptable): 1100 Kane Concourse City: Bay Harbor Islands FL Zip Code: 33154	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>SUSAN ROTH Ph. D.</u> DATE: <u>7-8-04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FOSTER, BRIAN 4302 ALTON RD 3RD FLOOR ROOM 11 MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Foster, Brian 1100 Kane Concourse Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD FOSTER, PAUL 4302 ALTON RD 3RD FLOOR ROOM 11 MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD Foster, Paul 1100 Kane Concourse Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD ROTH, SUSAN 4302 ALTON RD 3RD FLOOR ROOM 11 MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD ROTH, SUSAN 1100 Kane Concourse Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>SUSAN ROTH Ph. D.</u>		SIGNATURE: <u>SUSAN ROTH Ph. D.</u> DATE: <u>7-8-04</u> DAY: <u>305-864-7110</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day and Phone #</small>	

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