

DOCUMENT # 519100

1. Entity Name
PROGRESSIVE HEARING & BALANCE CENTER, INC.



FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90016 041 ***158.75

Principal Place of Business
1100 KANE CONCOURSE
MIAMI BEACH, FL 33154

Mailing Address
1100 KANE CONCOURSE
MIAMI BEACH, FL 33154

01082006 No Chg-R CR2E034 (11/05)

4. FEI Number **59-1709822** Applied For
~~59-1789822~~ **59-1709822** ~~NO APPLICABLE~~

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

6. Name and Address of Current Registered Agent

SUSAN ROTH PL.D.
1100 KANE CONCOURSE
MIAMI BEACH, FL 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

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

(NOTE: Registered Agent signature required when reconstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, BRIAN 1100 KANE CONCOURSE MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOSTER, PAUL 1100 KANE CONCOURSE MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROTH, SUSAN 1100 KANE CONCOURSE MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 305-864-7110
Date Daytime Phone #