

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519100

FILED
Jan 20, 2009
Secretary of State

Entity Name: PROGRESSIVE HEARING & BALANCE CENTER, INC.

Current Principal Place of Business:

1100 KANE CONCOURSE
MIAMI BEACH, FL 33154

New Principal Place of Business:

4302 ALTON ROAD
SUITE 650
MIAMI BEACH, FL 33140

Current Mailing Address:

1100 KANE CONCOURSE
MIAMI BEACH, FL 33154

New Mailing Address:

4302 ALTON ROAD
SUITE 650
MIAMI BEACH, FL 33140

FEI Number: 59-1709822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUSAN ROTH PH.D.
1100 KANE CONCOURSE
MIAMI BEACH, FL 33154 US

Name and Address of New Registered Agent:

SUSAN ROTH PH.D.
4302 ALTON ROAD
SUITE 650
MIAMI BEACH, FL 33140 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: SUSAN ROTH, PH.D.

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER, BRIAN
Address: 1100 KANE CONCOURSE
City-St-Zip: MIAMI BEACH, FL 33154

Title: VPD () Delete
Name: FOSTER, PAUL
Address: 1100 KANE CONCOURSE
City-St-Zip: MIAMI BEACH, FL 33154

Title: STD () Delete
Name: ROTH, SUSAN
Address: 1100 KANE CONCOURSE
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOSTER, BRIAN
Address: 4302 ALTON ROAD SUITE 650
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD (X) Change () Addition
Name: FOSTER, PAUL
Address: 4302 ALTON ROAD SUITE 650
City-St-Zip: MIAMI BEACH, FL 33140

Title: STD (X) Change () Addition
Name: ROTH, SUSAN
Address: 4302 ALTON ROAD SUITE 650
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN ROTH, PH.D.

STD

01/20/2009

Electronic Signature of Signing Officer or Director

Date