

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 519100

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** PROGRESSIVE HEARING & BALANCE CENTER, INC.

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 650  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4302 ALTON ROAD  
SUITE 650  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 59-1709822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN ROTH

STD

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date