

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90149 050 ***158.75

02/17/03 11

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

22000768



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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

SUSAN ROTH PLD.
4302 ALTON RD
THIRD FLOOR ROOM 11
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Susan Roth, Ph.D. DATE 1-29-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME	PD FOSTER, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	4302 ALTON RD 3RD FLLOR ROOM 11	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE NAME	VPD FOSTER, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	4302 ALTON RD 3RD FLOOR ROOM 11	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE NAME	STD ROTH, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	4302 ALTON RD 3RD FLOOR ROOM 11	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: SUSAN ROTH PLD. DATE: 1-29-03 305 531-0472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)