## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3170 N. FEDERAL HWY.

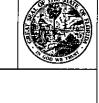
## DOCUMENT # 531040

1. Entity Name

Principal Place of Business

3170 N. FEDERAL HWY.

HEARING CENTER OF BROWARD, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90197 007 \*\*\*150.00

Suite 208 Lighthouse point fl 33064		SUITE 208 LIGHTHOUSE POINT FL 33064						
2. Principal Place of Business		3. Mailing Address			# 180101 B1106 11781 17811 88111 B1811 8811 8811 8811	AIRII BIBII BIBII BI	E)  0:0(  10E)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	FEI Number 59-1782682		plied For ot Applicable	
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desired	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HEICE IA	VAIC A C		Name		,			
HEISE, LAYNE A.E. 3170 N FED. HWY, STE 208			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
LIGHTHOUSE POINT FL 33064								
			City		FI	L Zip Code	Э	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or r	egistered ager	it, or both, in the State of Florida. I am	ı familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	required when reins	stating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State			9. Election Campaign Financing Trust Fund Contribution.  [		0 May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADD	ITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEISE, CYNTHIA D 2201 NE 32ND ST LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEISE, LAYNE A E 2201 NE 32ND ST LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	1 G 855 1	☐ Delete	TITLE	٠		· 🔲 · Change	☐ 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-\$T-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

NAME

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/19/03 954 943*9*02

Daytime Phone #

Change

Change

Change

Addition

☐ Addition

☐ Addition

2E034 (10/02)