

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 18 PM 7:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 686906 (9)

1. Corporation Name

LAKE COUNTY HEARING CLINIC, INC.

Principal Place of Business

Mailing Address

**550 W. BURLEIGH AVENUE
P.O. BOX 326
TAVARES FL 32778**

**550 W. BURLEIGH AVENUE
P.O. BOX 326
TAVARES FL 32778**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1980

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2027085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZEIGLER, JOHN T
475 BURLEIGH AVENUE
TAVARES, FL
32778**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE DP
NAME ZEIGLER, BARBARA J
STREET ADDRESS 3011 LAKE WOODWARD DR.
CITY - ST - ZIP EUSTIS FL**

11 TITLE ☐ Change ☐ Addition

**TITLE DST
NAME ZEIGLER, JOHN T
STREET ADDRESS 3011 LAKE WOODWARD DR.
CITY - ST - ZIP EUSTIS FL**

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

**Barbara J. Zeigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA J. ZEIGLER**

**4-13-95 904/343-4497
Date Signature**