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Feb 06 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 686906 (9)

1. Corporation Name  
LAKE COUNTY HEARING CLINIC, INC.

Principal Place of Business

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

Mailing Address

550 W. BURLEIGH AVENUE  
P.O. BOX 326  
TAVARES FL 32778-0326

3. Date Incorporated or Qualified

09/01/1980

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

21 550 W. Burleigh Boulevard

Suite, Apt. #, etc.

22 P.O. Box 326

City & State

23 Tavares, FL

Zip

24 32778-0326

Country

25 USA

2a. Mailing Address

26 550 W. Burleigh Boulevard

Suite, Apt. #, etc.

27 P.O. Box 326

City & State

28 Tavares, FL

Zip

29 32778-0326

Country

30 USA

4. FEI Number

59-2027085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

ZEIGLER, JOHN T

550 W. Burleigh Boulevard

TAVARES, FL

32778

10. Name and Address of New Registered Agent

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 and type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

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

TITLE DST ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☒ Change ☐ Addition

1.2 NAME Zeigler, John T.  
1.3 STREET ADDRESS 550 W. Burleigh Boulevard  
1.4 CITY-ST-ZIP Tavares, FL 32778

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John T. Zeigler* John T. Zeigler 1-30-97 (352)343-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)