2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700201

FILED Feb 27, 2012 Secretary of State

Entity Name: THE FLORIDA SOCIETY OF HEARING HEALTHCARE PROFESSIONALS, INC.

Current Principal Place of Business: New Principal Place of Business:

119 EAST PARK AVENUE

SUITE 2-E TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

119 EAST PARK AVENUE SUITE 2-E TALLAHASSEE, FL 32301

FEI Number: 59-2347559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WINN, JASON 119 EAST PARK AVENUE SUITE 2-C TALLAHASSEE, FL 32301 US

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: ED

Name: WINN, JASON D

Address: 119 EAST PARK AVENUE, SUITE 2-E

City-St-Zip: TALLAHASSEE, FL 32301

Title: P

Name: SHULMAN, STEVE HAS Address: 7577 NW 25TH ST City-St-Zip: MARGATE, FL 33063

Title: VP

Name: SKELLY, JANET HAS Address: 5124 HOLLYWOOD BLVD City-St-Zip: HOLLYWOOD, FL 33021

Title: TO

Name: DEHLER, MICHAEL HAS

Address: 1130 W. GRANADA BLVD - SOUTH FORTY PLAZA

City-St-Zip: ORMOND BEACH, FL 32174

Title: C

Name: KARRH, JIM HAS

Address: 935 N. MILITARY TRAIL, SUITE 101

City-St-Zip: JUPITER, FL 33458

Title: C

Name: BOLANOS, BERT HAS Address: 20802 BISCAYNE BLVD City-St-Zip: AVENTURA, FL 33180

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON D. WINN ED 02/27/2012