

DOCUMENT # 715153

1. Entity Name

HEARING EDUCATION AND RESEARCH FOUNDATION, INC.

Principal Place of Business

% FW PULKEN 11 M.D
3661 S. MIAMI AVE
MIAMI FL 33138

Mailing Address

% FW PULKEN 11 M.D
3661 S. MIAMI AVE
MIAMI FL 33133-4236

2. Principal Place of Business

F.W. PULLEN II M.D

Suite, Apt. #, etc.
3661 S. MIAMI AVE, #409

City & State
MIAMI FL

Zip
33133

Country

3. Mailing Address

F.W. PULLEN II M.D

Suite, Apt. #, etc.
3661 S. MIAMI AVE #409

City & State
MIAMI FL

Zip
33133

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1218075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCOY, FRANK
85 NE 94 ST.
MIAMI SHORES FL 33138

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PULLEN, FREDRIC W II S. MIAMI AVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, ROBERT M C/O 4000 HOLLYWOOD BLVD., SUITE 485-S HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, LESLIE H C/O 4000 HOLLYWOOD BLVD., SUITE 485-S HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY A. PULLEN 16958 KNIGHTS BRIDGE LANE DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY A. PULLEN 16958 KNIGHTS BRIDGE LANE DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. FRANK MCCOY 85 NE 94 ST MIAMI SHORES FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fredric W. Pullen II M.D. Fredric W. Pullen II M.D. 1/9/00 3058545971

CR2E037 (9/99)