# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 09, 2009**
**Secretary of State**

DOCUMENT# 715153

**Entity Name:** HEARING EDUCATION AND RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

C/O FW PULLEN II, MD
3661 S. MIAMI AVE #409
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FW PULLEN II, MD
3661 S. MIAMI AVE #409
MIAMI, FL 33138

**New Mailing Address:**

C/O FW PULLEN II, MD
13100 DOUBLETREE CIRCLE
WELLINGTON, FL 33414

**FEI Number: 59-1218075** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

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

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

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: PSTD ( ) Delete
Name: PULLEN, FREDRIC W II
Address: 3661 S MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: PULLEN, NANCY A
Address: 13100 DOUBLETREE CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: MCCOY, FRANK
Address: 85 NE 94 ST
City-St-Zip: MIAMI SHORES, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: PULLEN, FREDRIC W II
Address: 13100 DOUBLETREE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FREDRIC W PULLEN II MD PSTD 04/09/2009

Electronic Signature of Signing Officer or Director — Date