

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715153

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: PULLEN, FREDRIC W II  
Address: 13100 DOUBLETREE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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

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

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: FREDRIC W PULLEN II MD

PD

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date