

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001977

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** AMERICAN HEARING AID ASSOCIATES, INC.

**Current Principal Place of Business:**

225 WILMINGTON WEST CHESTER PIKE  
300  
CHADDS FORD, PA 19317 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 WILMINGTON WEST CHESTER PIKE  
300  
CHADDS FORD, PA 19317 US

**New Mailing Address:**

**FEI Number:** 23-2789253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CFO  
Name: BUCHAS, ROBERT  
Address: 225 WILMINGTON WEST CHESTER PIKE CHADDS FO  
City-St-Zip: CHADDSFORD, PA 19317

Title: CEO  
Name: RUSSOMAGNO, VINCENT  
Address: 225 WILMINGTON WEST CHESTER PIKE CHADDS FO  
City-St-Zip: CHADDSFORD, PA 19317

Title: P  
Name: SOIKA, TINA  
Address: 225 WILMINGTON WEST CHESTER PIKE CHADDS FO  
City-St-Zip: CHADDSFORD, PA 19317

Title: CEO  
Name: BUCHAS, ROBERT  
Address: 225 WILMINGTON-WEST CHESTER PIKE SUITE 300  
City-St-Zip: CHADDSFORD, PA 19317

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

SIGNATURE: ROBERT BUCHAS

CFO

04/30/2011

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

\_\_\_\_\_  
Date