## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001977

Entity Name: AMERICAN HEARING AID ASSOCIATES, INC.

FILED Apr 05, 2012 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

225 WILMINGTON WEST CHESTER PIKE 225 WILMINGTON WEST CHESTER PIKE

300 SUITE 300

CHADDS FORD, PA 19317 US CHADDS FORD, PA 19317 US

Current Mailing Address: New Mailing Address:

225 WILMINGTON WEST CHESTER PIKE 225 WILMINGTON WEST CHESTER PIKE

00 SUITE 300

CHADDS FORD, PA 19317 US CHADDS FORD, PA 19317 US

FEI Number: 23-2789253 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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: 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: SEC

Name: FOULKE, DAVID

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 04/05/2012