

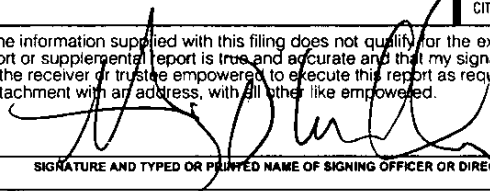


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003683 1. Entity Name HEARING SOLUTIONS OF THE GULF COAST, INC.						FILED 06 NOV 28 2006 4:39 SEC. OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1511 MAIN ST DUNEDIN, FL 34698		Mailing Address 1943 DREW STREET CLEARWATER, FL 34685				 REINSTATEMENT 2006			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7208 Cortez Rd. West Suite, Apt. #, etc.							
City & State 		City & State Bradenton FL		4. FEI Number 06-1690551				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 		Country 		Zip 34210		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASH, THOMAS C II 625 COURT STREET, SUITE 200 MACFARLANE FERGUSON & MCMULLEN CLEARWATER, FL 33756					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PD <input type="checkbox"/> Delete		NAME O'MALLEY, HENRY			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME 2823 89 Ave. East		
STREET ADDRESS 2717 SEVILLE BLVD. 14304		CITY-ST-ZIP CLEARWATER, FL 33764			STREET ADDRESS Parrish FL 34219		CITY-ST-ZIP 300082105529		
TITLE <input type="checkbox"/> Delete		NAME 			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME 11/28/06--01049--024 **158.75		
STREET ADDRESS 		CITY-ST-ZIP 			STREET ADDRESS 		CITY-ST-ZIP 		
TITLE <input type="checkbox"/> Delete		NAME 			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME 		
STREET ADDRESS 		CITY-ST-ZIP 			STREET ADDRESS 		CITY-ST-ZIP 		
TITLE <input type="checkbox"/> Delete		NAME 			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME 		
STREET ADDRESS 		CITY-ST-ZIP 			STREET ADDRESS 		CITY-ST-ZIP 		
TITLE <input type="checkbox"/> Delete		NAME 			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME 		
STREET ADDRESS 		CITY-ST-ZIP 			STREET ADDRESS 		CITY-ST-ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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 Henry O'Malley				
_____					Date		Daytime Phone # 941-294-3505		