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(City/State/Zip/Phone #)

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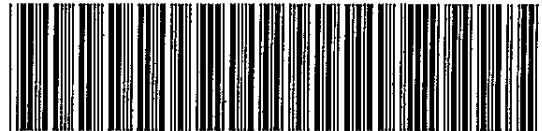
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(Business Entity Name)

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W04-5217

FILED  
04 APR -9 PM 3:25  
NOT RECORDED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AUXILIARY HEALTH BENEFITS CORPORATION  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Janice Douglas

(Name of Person)

HearUSA, Inc.

(Firm/Company)

1250 NorthPoint Parkway

(Address)

West Palm Beach, Florida 33407

(City/State and Zip code)

For further information concerning this matter, please call:

Janice Douglas

(Name of Person)

at ( 561 ) 683-7532 x. 125

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 6, 2004

JANICE DOUGLAS  
HEARUSA, INC.  
1250 NORTHPOINT PARKWAY  
WEST PALM BEACH, FL 33407

SUBJECT: AUXILARY HEALTH BENEFITS CORPORATION  
Ref. Number: W04000005217

We have received your document for AUXILARY HEALTH BENEFITS CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 504A00008350



February 17, 2004

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Registration of Auxiliary Health Benefits Corporation  
DBA – HearUSA-Hearing Care Network as a Foreign Corporation in the state of  
Florida.

Dear Sir/Madam,

Recently an application was made with the Florida Department of State, Division of Corporations to register Auxiliary Health Benefits Corporation as a foreign Corporation in the state of Florida. Through contact with your organization it was determined that a Certificate of Good Standing was needed to complete the application. Attached are the Certificate of Good Standing requested and a copy of the original application filed.

If you have any questions concerning this matter, please contact me at (561) 683-7532 Extension 125. Thanking you in advance for your cooperation.

Sincerely,

*Janice Douglas*  
Janice Douglas  
Accounting Manager

Enc.

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AUXILIARY HEALTH BENEFITS CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. COLORADO

(State or country under the law of which it is incorporated)

3. 84-1116412

(FEI number, if applicable)

4. February 03, 1989

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. "upon qualification"

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1250 Northpoint Parkway, West Palm Beach, Florida 33407

(Principal office address)

1250 Northpoint Parkway, West Palm Beach, Florida 33407

(Current mailing address)

8. Audiological Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**James A. Bordonaro**  
**Assistant Secretary**

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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04 APR -9 PM 3:25  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: See Attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See Attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

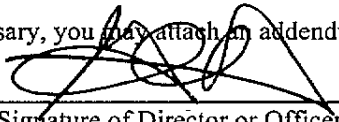
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. GINO CHOUINARD, Chief Financial Officer  
(Typed or printed name and capacity of person signing application)

**Name****Position****Address**

Paul A. Brown, MD

Chairman and Director

1250 Northpoint Parkway  
West Palm Beach, Florida 33407

Stephen J. Hansbrough

Chief Executive Officer and Director

1250 Northpoint Parkway  
West Palm Beach, Florida 33407

Gino Chouinard

Chief Financial Officer

1250 Northpoint Parkway  
West Palm Beach, Florida 33407

Donna Taylor

Senior Vice President-Sales and Operations

1250 Northpoint Parkway  
West Palm Beach, Florida 33407

Thomas Archibald

Director

1250 Northpoint Parkway  
West Palm Beach, Florida 33407

Joe Gitterman

Director

1250 Northpoint Parkway  
West Palm Beach, Florida 33407

David J. McLachlan

Director

1250 Northpoint Parkway  
West Palm Beach, Florida 33407

Michel Labadie

Director

90 Beaubien Quest Suite 101  
Montreal, Quebec H2S 1V6

Pierre Bourgie

Director

1980 Boul.Rene-Levesque O.  
Montreal, Quebec H3H 1R6



# STATE OF COLORADO

## DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,  
hereby certify that, according to the records of this office,

AUXILIARY HEALTH BENEFITS CORPORATION  
(Colorado CORPORATION )  
File # 19891007116

was filed in this office on February 3, 1989 and has complied with the applicable provisions  
of the laws of the State of Colorado and on this date is in good standing and authorized and  
competent to transact business or to conduct its affairs within this state.

Dated: January 28, 2004

**For Validation:**

Certificate ID: **760008**

To validate this certificate, visit the following  
web site, enter this certificate ID, then follow the  
instructions displayed.

[www.sos.state.co.us/ValidateCertificate](http://www.sos.state.co.us/ValidateCertificate)

*Donetta Davidson*

SECRETARY OF STATE