

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004383

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** ACCUQUEST HEARING CENTER, INC.

**Current Principal Place of Business:**

2700 WEST HIGGINS ROAD, SUITE 120  
HOFFMAN ESTATES, IL 601692006

**New Principal Place of Business:**

2800 WEST HIGGINS ROAD, SUITE 895  
HOFFMAN ESTATES, IL 601692006

**Current Mailing Address:**

2700 WEST HIGGINS ROAD, SUITE 120  
HOFFMAN ESTATES, IL 601692006

**New Mailing Address:**

2800 WEST HIGGINS ROAD, SUITE 895  
HOFFMAN ESTATES, IL 601692006

**FEI Number:** 20-4192426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** PD  
**Name:** TEMPLE, JOHN M JR.  
**Address:** 2800 WEST HIGGINS ROAD, SUITE 895  
**City-St-Zip:** HOFFMAN ESTATES, IL 601692006

**Title:** SVD  
**Name:** HIGHFILL, BRIAN  
**Address:** 2800 WEST HIGGINS ROAD, SUITE 895  
**City-St-Zip:** HOFFMAN ESTATES, IL 601692006

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:** JOHN M. TEMPLE, JR.

PRES

02/02/2012

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

\_\_\_\_\_  
Date