

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004591

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** HEARING CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

7400 E CALEY AVE SUITE 290  
CENTENNIAL, CO 80111

**New Principal Place of Business:**

**Current Mailing Address:**

7400 E CALEY AVE SUITE 290  
CENTENNIAL, CO 80111

**New Mailing Address:**

**FEI Number:** 37-1577266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD SUITE A  
TAMPA, FL 33688 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: CP  
Name: KEENE, MAUREEN  
Address: 7400 E CALEY AVE SUITE 290  
City-St-Zip: CENTENNIAL, CO 80111

Title: VCVF  
Name: SMALLEN, LAWRENCE  
Address: 7400 E CALEY AVE SUITE 290  
City-St-Zip: CENTENNIAL, CO 80111

Title: ST  
Name: SMALLEN, LAWRENCE  
Address: 7400 E CALEY AVE SUITE 290  
City-St-Zip: CENTENNIAL, CO 80111

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: LAWRENCE SMALLEN

CFO

03/28/2011

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

\_\_\_\_\_  
Date