

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20422

FILED  
Apr 06, 2012  
Secretary of State

**Entity Name:** COUNTRYSIDE HEARING AID SERVICES, INC.

**Current Principal Place of Business:**

25829 U S 19 NORTH  
CYPRESS POINT SHOPPING CTR  
CLEARWATER, FL 33763

**New Principal Place of Business:**

25829 U S 19 NORTH  
CYPRESS POINT SHOPPING CTR  
CLEARWATER, FL 33763 US

**Current Mailing Address:**

25829 U S 19 NORTH  
CYPRESS POINT SHOPPING CTR  
CLEARWATER, FL 33763

**New Mailing Address:**

25829 U S 19 NORTH  
CYPRESS POINT SHOPPING CTR  
CLEARWATER, FL 33763 US

**FEI Number:** 59-2072101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOWLER, HENRY L  
2993 KENILWICK DR SOUTH  
CLEARWATER, FL 33761 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: PT  
Name: FOWLER, H L  
Address: 2993 KENILWICK DR., S.  
City-St-Zip: CLEARWATER, FL 33761

Title: VPS  
Name: FOWLER, SUSAN W  
Address: 2993 KENILWICK DR., S.  
City-St-Zip: CLEARWATER, FL 33761

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: HENRY L. FOWLER

PRES

04/06/2012

Electronic Signature of Signing Officer or Director

Date