

F98000001743

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HEARING CENTERS OF AMERICA, INC.
(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:

JAMES DOW
(Name of Person)
HEARING CENTERS OF AMERICA, INC.
(Firm/Company)
2021 E. INDEPENDENCE AVE.
(Address)
SPRINGFIELD, MO 65804-3748
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

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-03/26/98--01105--001
*****70.00 *****70.00

JAMES DOW at (417) 890-0211 OR
(Name of Person) (Area Code & Daytime Telephone Number)
(417) 862-8800

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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**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. HEARING CENTERS OF AMERICA, INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MISSOURI 3. 43-1776485
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1 APRIL '97 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. ESTIMATED TO START 1ST WEEK OF APRIL 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2021 E. INDEPENDENCE, SPRINGFIELD, MO 65804-3748
(Current mailing address)

8. FIT AND SELL HEARING INSTRUMENTS
(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)

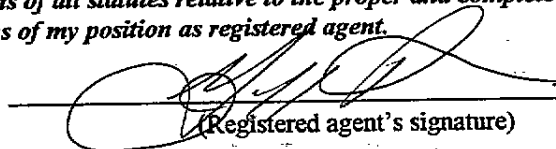
Name: GEORGEY POWER

Office Address: 10991-1 SAN JOSE

JACKSONVILLE, Florida, 32217
(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.


(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: JAMES DOW (PRESIDENT)

Address: 2111 TREVOR TRAIL
OSARK, MO 65721

Vice Chairman: JECI RAMOS (SECRETARY / TREASURE)

Address: 2123 N. NETTLETON (VICE-PRESIDENT)
SPRINGFIELD, MO

Director: GEOFFERY POWER (VICE PRESIDENT)

Address: 1022 E. GASLIGHT
SPRINGFIELD, MO 65810

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SAME AS ABOVE

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]

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JAMES DOW, PRESIDENT

(Typed or printed name and capacity of person signing application)

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STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA MCDOWELL COOK, SECRETARY OF STATE OF THE STATE OF MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE AND IN MY CARE AND CUSTODY REVEAL THAT
HEARING CENTERS OF AMERICA, INC.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 1ST DAY OF APRIL, 1997, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 17TH DAY OF MARCH, 1998.

Rebecca McDowell Cook
Secretary of State



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DIVISION OF CORPORATIONS