

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92665

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** MIAMI HEARING AID CENTER, INC.

**Current Principal Place of Business:**

3661 SOUTH MIAMI AVENUE  
SUITE 410  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3661 SOUTH MIAMI AVENUE  
SUITE 410  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 59-2396662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKER, ADAM  
3661 S. MIAMI AVE  
SUITE 410  
MIAMI, FL 33133 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: P  
Name: LOCKER, ADAM DR.  
Address: 3661 S. MIAMI AVE, SUITE 410  
City-St-Zip: MIAMI, FL 33133

Title: VP  
Name: LOCKER, AMANDA M  
Address: 3661 S. MIAMI AVE, SUITE 410  
City-St-Zip: MIAMI, FL 33133

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: ADAM LOCKER

P

01/05/2011

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

\_\_\_\_\_  
Date