

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23650

Entity Name: CENTRAL FLORIDA HEARING CENTER, INC.

FILED  
Mar 16, 2005  
Secretary of State

## Current Principal Place of Business:

201 N. LAKEMONT AVENUE  
SUITE 100  
WINTER PARK, FL 32792

## New Principal Place of Business:

201 N. LAKEMONT AVENUE  
SUITE 100  
WINTER PARK, FL 32792

## Current Mailing Address:

## New Mailing Address:

FEI Number: 59-2447886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HO, HENRY N MD  
3806 KINSLEY PLACE  
WINTER PARK, FL 32792 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

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAYLOR, JEFFREY MD  
Address: 1746 SEBECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: TIPIRNENI, KIRAN MD  
Address: 167 SEVILLE CHASE DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: HO MD, HENRY N  
Address: 3806 KINSLEY PLACE  
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete  
Name: LEHMAN MD, JEFFREY J  
Address: 716 GOLFPARK DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: KIELMOVITCH, IZAK H MD  
Address: 1893 WINGFIELD DRIVE  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: TAGGART, JOHN P  
Address: 2525 OAK ISLAND PT. ROAD  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HENRY N HO

D

03/16/2005

Electronic Signature of Signing Officer or Director

Date