

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23650

FILED
Apr 17, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA HEARING CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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: D (X) Change () Addition
Name: BAYLOR, JEFFREY MD
Address: 1737 ELIZABETHS WALK
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change () Addition
Name: TIPIRNENI, KIRAN MD
Address: 1863 LAKE MARKHAM PRESERVE TRL
City-St-Zip: SANFORD, FL 32771

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: D (X) Change () Addition
Name: LEE, WHA-JOON MD
Address: 2663 ALOMA OAKS DR
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MD

D

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date