


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 015 ***158.75

DOCUMENT # H23650 1. Entity Name CENTRAL FLORIDA HEARING AND BALANCE CENTER, INC.					
Principal Place of Business 201 N. LAKEMONT AVENUE SUITE 100 WINTER PARK, FL 32792			Mailing Address 201 N. LAKEMONT AVENUE SUITE 100 WINTER PARK, FL 32792		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2447886	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HO, HENRY N MD 3806 KINSLEY PLACE WINTER PARK, FL 32792				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYLOR, JEFFREY MD 1737 ELIZABETHS WALK WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pee MD, Wha-Joon 2663 Aloma Oaks Dr Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPIRNENI, KIRAN MD 1863 LAKE MARKHAM PRESERVE TRL SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patni MD, AFTAB 2055 Shaw Lane Orlando, FL 32814	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HO MD, HENRY N 3806 KINSLEY PLACE WINTER PARK, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMAN MD, JEFFREY J 716 GOLFPARK DRIVE CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIELMOVITCH, IZAK H MD 1893 WINGFIELD DRIVE LONGWOOD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECTOR, BRIAN MD 2545 CARTER GROVE CIRCLE WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/28/08 DATE: _____ DAYTIME PHONE # _____		