

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23650

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA HEARING AND BALANCE 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BAYLOR, JEFFREY MD  
Address: 1737 ELIZABETHS WALK  
City-St-Zip: WINTER PARK, FL 32789

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

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

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

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

Title: D  
Name: SPECTOR, BRIAN MD  
Address: 2545 CARTER GROVE CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

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: HENRY HO

D

02/22/2011

Electronic Signature of Signing Officer or Director

Date

EAR NOSE THROAT WP

Fax: 407-644-7481

Feb 22 2011 12:26pm P002/003

H 23650

*Silvia 18 mar*  
(888) 245-6017

CENTRAL FLORIDA HEARING AND BALANCE CENTER, INC  
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ADDITIONAL OFFICERS/DIRECTORS

AFTAB PATNI, M.D. - DIRECTOR  
2055 SHAW LANE  
ORLANDO, FL 32814

HAO TRAN, M.D. - DIRECTOR  
472 FLETCHER PLACE  
WINTER PARK, FL 32789

BARRY KANG, M.D. - DIRECTOR  
2844 LINCROFT AVE  
ORLANDO, FL 32814

2/22/11