07-10 200 190008 012 * 50.00 SECRETARY OF STATE VISIONS 2001 UNIFORM BUSINESS REPORT (UBR) BIVISIO'I DOCUMENT # H64267 1. Entity Name 01 AUG 14 AM 6: 15 Quit Allantic HEARing Did Centers, Onc. - Mailing Address Principal Place of Business % Thomas W. Lyans, CAHAC To Thomas W. Lyons, BAHAC. 1023 U.S. Huy 1 A-4 Sebastian, Fl. 32958 Schastian, FL. 32958 1. Principal Place of Business 1. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-089943 Not Applicable **Z**lo ___ Country \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dougherty, Tom K Street Address (P.O. Box Number is Not Acceptable) 735 Dimond St., STEA Clermont, A. 34711 City Zip Code FL 5. 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 9. This corporation is eligible to satisfy 24 intengible Reduced of the Angles (22) Caral Semi Transfer (23) 19. Election Cempaign Financing \$5.00 May Be Tax filling requirement and elects to do so. Trust Fund Contribution." (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Change . . . Addition Lyons, Tramas W. NAME MALE 1623 U.S. HUY 1, A4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 51- 8P MLE Deleta TILE Change ☐ Addition NAME عبس STREET ADDRESS STREET ADDRESS CITY-ST-ZP CTY-ST-78 TITLE Delete MLE Charge | Addition NAME NAME ETREET ADDRESS STREET ADDRESS 071Y-51-20P OTY-57-20 TITLE TITLE ☐ Deleta Addition ☐ Change NAME NAME STREET AITMESS STREET ADDRESS C117-51-ZP OTTY-ST-ZP TITLE ☐ Change ☐ Addition MALE STREET ADDRESS STREET ADDRESS OTTY-ST-DP CITY-ST-ZP MLE TITLE W NAME

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 cath; 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 expects in Block 11 or Block 12 if the procure of the corporation of the state of the same part of the state of the same part of the sa

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changed, or on an attachment with an address, with all other like empowers

STREET ADDRESS

CITY - 51 - 78

SIGNATURE: DECKATURE AND TYPED OR PRINTED PLANES OF EIGHING OFFICER OR DERECTOR W LYANS 7/4/200, (561)581-28/



GULF ATLANTIC HEARING AID CENTERS, INC.

Sebastian Executive Building 1623 U.S. Hwy 1, Suite A-4 Sebastian, FL 32958 (561)581-2816 – Phone (561)581-2966

July 30, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Gulf Atlantic Hearing Aid Centers, Inc. FIN# 65-0899431

Dear Mr. Dunlap:

This letter is in response to our conversation today. You had indicated that you wanted all correspondence sent to your attention for your review.

We had originally spoke with Doug Spitler on 06/27/01 and explained to him that the original UBR form for year 2000 was applied to Sebastian Hearing Aid Centers in error. After realizing this error Mr. Spitler was to reapply the UBR for 2000 and apply it to Gulf Atlantic Hearing Aid Centers. This still leaving Gulf Atlantic Hearing Aid Centers to file the UBR for 2001. Mr. Dunlap indicated for us to mail the 2001 form along with a check in the amount of \$150.00 to his attention to avoid all penalties.

Attached is a copy of the letter we received from Leslie Sellers. This indicates that we still need to submit \$400.00. This is different than the conversation we had with Mr. Spitler.

Please correct your records accordingly and respond back to us. If you should have any further questions, please let me know.

Sincerely,

Thomas W. Lyons

President

Enc: 2

Cc: Thomas Dougherty