2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72593

Entity Name: TAMPA HEARING AID CENTERS, INC.

FILED Mar 05, 2009 Secretary of State

LINKY WAITE. TAMIFATILAKING AID CENTERS, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
2309 W ML STE 2 TAMPA, FL				9107 N MOBLEY RD ODESSA, FL 33556		
Current Mailing Address:				New Mailing Address:		
2309 W ML STE 2 TAMPA, FL				9107 N MOBLEY RD ODESSA, FL 33556		
FEI Number:	59-2565007	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
AMATO, GERALD A. 1921 W ML KING BLVD TAMPA, FL 33607 US				AMATO, GERALD A. 9107 N MOBLEY RD ODESSA, FL 33556	US	
The above in the State		ubmits this statement for the p	urpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATURE: GERALD AMATO					03/05/2009	
	Electroni	c Signature of Registered Age	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () I AMATO, GERALI 9107 N MOBLEY ODESSA, FL	*		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MEDENWALD, J 9107 N MOBLEY ODESSA, FL	·		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: GERALD AMATO P 03/05/2009