FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # H82155 (3)

1. Corporation Name
HEARING EVALUATION CENTER, INC.

Principal Place of Business
C/O H FRIEDMAN
10031 PINES BLVD., SUITE 104
PEMBROKE PINES FL 33024

Mailing Address
C/O H FRIEDMAN
10031 PINES BLVD., SUITE 104
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 10/23/1985
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2617688 — Applied For / Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FRIEDMAN, HOWARD R
10031 PINES BLVD STE 104
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Paul Fass ☒ Change ☐ Addition
NAME	~~FASS, PAUL~~	1.2 NAME	Delete
STREET ADDRESS	~~150 NW 168TH STREET~~	1.3 STREET ADDRESS	
CITY · ST · ZIP	~~N. MIAMI BEACH FL~~	1.4 CITY · ST · ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	TALERICO, DOMINIC	2.2 NAME	
STREET ADDRESS	~~150 NW 168TH ST #350~~ 10031 Pines Blvd Suite 104	2.3 STREET ADDRESS	
CITY · ST · ZIP	~~N. MIAMI BEACH FL~~ Pembroke Pines, Fl. 33024	2.4 CITY · ST · ZIP	
TITLE		3.1 TITLE	Director ☐ Change ☒ Addition
NAME		3.2 NAME	Jacquelyn Talerico
STREET ADDRESS		3.3 STREET ADDRESS	10031 Pines Blvd Suite 104
CITY · ST · ZIP		3.4 CITY · ST · ZIP	Pembroke Pines, Fla. 33024
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY · ST · ZIP		4.4 CITY · ST · ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY · ST · ZIP		6.4 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacquelyn Talerico 4/25/95 305-682-8657
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Daytime Phone #)

0007040 CP