

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H92775

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** DELRAY HEARING AID CENTER, INC.

**Current Principal Place of Business:**

5175 W ATLANTIC AVE  
B  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

**Current Mailing Address:**

5175 W ATLANTIC AVE  
B  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

**FEI Number:** 59-2637547      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLOMON, MARK  
DELRAY HEARING AID CNTR, INC.  
5175 W ATLANTIC AVE  
DELRAY BEACH, FL 33484 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: DP  
Name: SOLOMON, MARK  
Address: 6052 PLAINS DR.  
City-St-Zip: LAKE WORTH, FL

Title: D  
Name: SARETT-SOLOMON, LINDA  
Address: 6052 PLAINS DR.  
City-St-Zip: LAKE WORTH, FL

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: MARK SOLOMON

DP

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date