2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # J42548** 1. Entity Name CLINICAL AUDIOLOGY AND HEARING AIDS INC. 03-20-2000 90012 007 ***150.00 Mailing Address Principal Place of Business % SUSAN BLAUEL ~ SUSAN BLAUEL HWY. A1A. STE 208 2194 HWY. A1A. STE 208 CAUUST HARBOUR BCH FL 32937 INDIAN HARBOUR BCH FL 32937-4931 2. Principal Place of Business 3. Mailing Address Suite, 'Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. City & State 4. FEI Number Applied For City & State 59-2737527 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLAUEL, SUSAN** Street Address (P.O. Box Number is Not Acceptable) 2194 HWY. A1A **STE 208** INDIAN HARBOUR BEACH FL Zip Code FL 8. 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** (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE BLAUEL, SUSAN B. NAME NAME 2194 HWY. A1A, STE.208 STREET ADDRESS STREET ADDRESS INDIAN HARBOUR BCH. FL CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.