2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 29, 2005 08:00 AM DOCUMENT # K36444 1. Entity Name Secretary of State AUDIOLOGICAL REHABILITATIVE LABORATORY, INC. Principal Place of Business Mailing Address 2425 EAST MAHAN 2425 EAST MAHAN SUITE, A TALLAHASSEE FL 32308 SUITE, A TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2914510 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POPE, CATHERINE T. Street Address (P.O. Box Number is Not Acceptable) 2425-A E MAHAN DRIVE TALLAHASSEE FL 32308 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE Delete Шь Change | Addition | POPE, CATHERINE NAME SPREEL ADDRESS 2425 EAST MAHAN DRIVE, SUITE A STREET ADDRESS TALLAHASSEE FL CHY-SI-ZIP CHY-ST-ZIP TITLE Change Addition Delete Telle NAME NAME STREET ADDRESS SIRELL ADORESS CITY-ST-ZIP CHY-SI-ZIP [] Change Delete DILE Addition NAME NAME U00000374902 07/29/05-80002-014 550.00 STREET ADDRESS STREET ACCRESS CHY-SI-ZIP CHY-ST-ZIP Change ☐ Addition Delete TIME NAME MAME STREET ADDRESS CURRELL ADDRESS. CITY-51-ZIP CITY-SE-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TOLL NALAE NAME STREET ADDRESS STREET ADDRESS City-SI-71P CHY-SI-ZIP Delete Addition | ☐ Change DIEF NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST-ZIP 12. 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 gath, 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 10 or Block 11 in

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