


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90279 011 ***150.00



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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # K98460 | | | | | |
| 1. Corporation Name GENESIS HEARING CARE, INC. | | | | | |
| Principal Place of Business 11363 N. WILLIAMS STREET DUNNELLON FL 34432 US | | | Mailing Address 11363 N. WILLIAMS STREET DUNNELLON FL 34432 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/27/1989 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2962481 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent GOLDSMITH, STEPHEN L. 13651 SE CR 336 DUNNELLON FL 34431 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME D GOLDSMITH, STEPHEN L. | | | 1.2 NAME | | |
| STREET ADDRESS 13651 SE CR 336 | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP DUNNELLON FL 34431 | | | 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. 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 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, with all other like empowered.

SIGNATURE:  **Stephen L. Goldsmith** **4/26/99** **(352) 489-9479**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0487826

CR2E034 (11/98)