

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002253

Entity Name: AMELIA AUDIOLOGY, LLC

FILED  
Jan 03, 2007  
Secretary of State

**Current Principal Place of Business:**

1411 S. 14TH STREET, SUITE F  
14TH STREET PROFESSIONAL PLAZA  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1411 S. 14TH STREET, SUITE F  
14TH STREET PROFESSIONAL PLAZA  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

FEI Number: 59-3630283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LOHMAN, TERRANCE E  
961146 BUCCANEER TRAIL  
AMELIA ISLAND, FL 32034 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOHMAN, TERRANCE E MGR  
Address: 1411 SOUTH 14TH STREET, SUITE F  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGRM ( ) Delete  
Name: SHELLY-LOHMAN, PATRICIA L MGR  
Address: 1411 SOUTH 14TH STREET, SUITE F  
City-St-Zip: AMELIA ISLAND, FL 32034 30

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRANCE E LOHMAN

MGR

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date