

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37340

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** GULF COAST HEARING CENTERS, INC,

**Current Principal Place of Business:**

2232 SAINT ANDREWS BLVD  
PANAMA CITY, FL 324052158 US

**New Principal Place of Business:**

**Current Mailing Address:**

2232 SAINT ANDREWS BLVD  
PANAMA CITY, FL 324052158 US

**New Mailing Address:**

**FEI Number:** 59-2980054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAME, JAMES W BC-HIS  
2232 SAINT ANDREWS BLVD  
PANAMA CITY, FL 32405 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: PD  
Name: DAME, JAMES W  
Address: 609 KRISTANNA DRIVE  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: VPD  
Name: DAME, LAURA S  
Address: 609 KRISTANNA DRIVE  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: ST  
Name: SMITH, ERIKA R  
Address: 5841 CAPITOL DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 US

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: JAMES W. DAME

PD

02/08/2012

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

\_\_\_\_\_  
Date