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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L8142

(5)

MIRACLE EAR OF PINELLAS, INC.

"

FILED
May 06 1998 8:00am
Secretary of State

MINIO	LE EMI OI THEELENO, INO.	•							
Principal Place	e of Business	Mailing Address				-{		I DIBI UIDII UJU	TEL MEMER 1884
% RICHARD J. DAFONTE. ESQUIRE % RICHARD J. DAFONTE 4175 E. BAY DR., STE. 200 4175 E. BAY DR., STE. 3 CLEARWATER FL 34624 CLEARWATER FL 34624			E. 208	Æ		DO NOT WRITE	IN THIS	SPACE	
US US						3. Date Incorporated or Qualified 06/18/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3022376		N/	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	¬ '			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren		1			10. Name and Address of New Re		Agent	
DA	FONTE, RICHARD J. ESO.			81	Name				
100	00 BELCHER RD. S. ITE 2			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)		
	RGO FL 34641			83					
-				84	City			85 Zip	Code
							FL	-	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig)2 and 607.1508, Florida Sta ∋ of Florida. Such change wa estions of Section 607.0505.	itutes, the al as authorize Florida Stat	bove d by	e-named corp the corporat	oration submits this statement for the join's board of directors. I hereby acce	purpose o pt the app	if changing it pointment as	ts registered registered
SIGNATURE	in lanilla with and accept the oblig	ations of, Section 607.0303,	i ionda Giai	Glos	1.				
BIGHTATORE	Signatura, typed or printed name of registered age	ent and title if applicable (f	NOTE Registeres	d Age	nt signature requir	ed when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AN		
TITLE	DPV	L_ DELETE	1.1 70	TLE				☐ Change	Addition
NAME	SMITH, ROBERT		1.2 N/	AME					
STREET ADDRESS	4175 E. BAY DR., STE. 208		1.3 51	REET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	Florier	1.4 CI		T-ZIP			176	The second
TITLE	ST DODGOT	L_ DELETE	2.1 Ti					Change	Addition
NAME	SMITH, ROBERT		2.2 N/						
STREET ADORESS	4175 E. BAY DR., STE. 208 CLEARWATER FL				ADDRESS	×.	1.5		
CITY-ST-ZIP TITLE	CLEANWAIEN PL	DELETE	2. 4 D		ST-ZIP			Change	Addition
NAME		C precit	1					Change	L_ Addition
STREET ADDRESS			3.2 N		ADDRESS				
CITY-ST-ZIP									İ
TITLE		DELETE	4.1 TI		ST-ZIP		***	Change	Addition
NAME			4.2 N						
STREET ADDRESS			. E		ADDRESS				
CITY-ST-ZIP			4.4 CI		I				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 Tr	_	· - · · · ·	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			5.2 N/					•	
STREET ADDRESS					ADDRESS		*		
CITY-ST-ZIP			5.4 0						
TITLE	1 T T T T T T T T T T T T T T T T T T T	☐ DELETE	6.1 Tr					Change	Addition
NAME			6.2 N/	AME				-	
STREET ADDRESS			6.3 \$1	REET.	ADDRESS				
CITY-ST-ZIP			6.4 CI		1]
	ertify that the information suppliedsw	with this filing does not qualif				Section 119 07(3)(i) Florida Statutes I	further co	ertify that the	information

4. I nereby certify that the information supplied with this riling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplierwing an under each; 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, on an altractivient with an address

SIGNATURE:

4-25-98

(813)538-0674