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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M34966

1. Corporation Name SURFSIDE HEARING AID CENTER, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90229 037 \*\*\*150.00

Principal Place	e of Business	Mailing Address					81811 E1611 B1811 B	11011 01011 1001	
222 95TH STRE	ET	222 95TH STREE							
SURFSIDE FL 3	33154	SURFSIDE FL 331	SURFSIDE FL 33154			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
	•					07/10/1986		<b>,</b>	
2 Principal Pl	lace of Business	2a. Mailing Addr	P68	· · · · · ·		4. FEI Number	Ap	plied For	
2. Principal Place of Business		— ·	26			59-2694305	. 1	t Applicable	
21 Suite, Apt, #, etc			Suite, Apt. #, etc.				-\$8.75°		<del>,</del>
22		···· —	27			5. Certifcate of Status Desired	Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution	Added t		
Zip	Country	Zip	c	ountry		8. This corporation owes the current year In	tangible		·
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		$\Box$		10. Name and Address of New Registered	Agent		:
				81	Name				
	.W, JONATHAN C.	•		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			į
222 95TH ST.					Ou col / laoi c	SS (1.0. BOX 140HIDD) IS 140t Acceptable)			
SUR	FSIDE FL 33154			83					
•				84	City	FI	85 Zip (	Code	
44 Disassant	to the provinces of Sections 607.0	502 and 607 1508 Flori	da Statutes the	above	-named corno	oration submits this statement for the nurnose o	f changing its	registered	
office or n	egistered agent or both in the Sta	ite of Florida. Such chan	ae was autnoriz	zed by 1	tne corporatio	on's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0	0505, Florida St	tatutes.					
SIGNATURE	Signature, typed or printed name of registered to	arrent and title if annlicable	(NOTE: Posisto			d when reinstating) DATE		<del></del>	_ ا
	Signature, typed or printed hame or registered t			red Agent		d when reinstating) UNIE			
12.	OFFICERS	AND DIRECTORS		3.	i signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	80
12.		AND DIRECTORS	1:		t signature required		ND DIRECTO	PRS IN 12	(11/98
12. TITLE NAME	DP	AND DIRECTORS	ELEYE 1.1	3.	signature required				11
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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 adverse, with all other like empowered.