

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M54436

FILED
Jan 05, 2007
Secretary of State

Entity Name: SOUTH MIAMI AUDIOLOGY CONSULTANTS, INC.

Current Principal Place of Business:

6280 SUNSET DR.
S. MIAMI, FL 33143

New Principal Place of Business:

6280 SUNSET DR.
SUITE 201
S. MIAMI, FL 33143

Current Mailing Address:

6280 SUNSET DR.
S. MIAMI, FL 33143

New Mailing Address:

6280 SUNSET DR.
#201
S. MIAMI, FL 33143

FEI Number: 65-0006113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABEN, RICHARD
2130 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERNICK, ANDREA D.,
Address: 6505 SW 92 STREET
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: SIMON, CINDY
Address: 1760 SW 68TH
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 an address, with all other like empowered.

SIGNATURE: ANDREA D. PERNICK

PD

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date