OR PROFIT CORPORATION NNUAL REPORT (AR)

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # M68987 1. Entity Name 04-13-2007 90186 002 ***150 00 FOLSOM'S HEARING AID CENTER, INC. Principal Place of Business Mailing Address 2910 CAPITAL MEDICAL BLVD TALLAHASSEE FL 32303 FALSOM'S HAC INC 1215 LEE AVENUE TALLAHASSEE FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 59-2874628 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required con 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOLSOM, KEŃ A 2611 BRENTSHIRE DR Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 Zip Code 8. 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. I am familiar with, and accept the obligations of constered agent SIGNATURE printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TISLE ☐ Delete TITLE. FOLSOM, KEN A. NAME NAME 2611 BRENTSHIRE DR. STREET ADDRESS STREET APPERES TALLAHASSEE FL CITY-ST-7IP CITY-SI ☐ Addition HILE ☐ Delete Change TILLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP IULE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-CT-7#-CITY SI- ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P HILE ☐ Delete mo Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

CITY-ST-ZIP