FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 1, Corporation Name

M74009

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20	HEARING AID CENTERS OF AMERICA, INC.					 				
State Stat	Principal Place	of Business	Mailing Address				1881 88818 88118 1881 BA	HIE BINGI BIHDI WI	DEL BURNIN BURNI IR DI	
2. Proposit Prince of Business 3.	% DONALD C. SMITH 6751 S.W. 13TH STREET		% DONALD C. SMITH 6751 S.W. 13TH STREET			1 = 1	Qualified 3a. D			
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SMITH, DONALD C. 6751 S.W. 13TH STREET PEMBROKE PINES FL 33023 80 City FL 85 Zor Code 11. Pursuant to the provisions of Sections 807-0502 and 607-1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered egent. I am many with a many wit	[24] L.Z. X.Z. C.	· 🛩 📑 🖵 🗸 🗸 - / - / - / - / - / - / - / - / - / -						d Agent		
## CTST S.W. 13TH STREET PEMBROKE PINES FL 33023 ## CTy #				81	Name					
875 I S.W. 13TH STREET PEMBROKE PINES FL 33023 84	SMITH	, DONALD C.		82	Street Ad	idress (P.O. Box Number is Not	Acceptable)			
B4 City FL 85 Zip Code					55,000,710	- Control of the cont				
1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuties, the above named corporation submits this statement for the purpose of changing its registered agent. I am registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent. I am service the composition's board of directors. I hereby accept the appointment as registered agent. I am service the composition's board of directors. I hereby accept the appointment as registered agent. I am service the composition's board of directors. I hereby accept the appointment as registered agent. I am service the composition's board of directors. I hereby accept the appointment as registered agent. I am service the composition of the province of the provin	PEMBROKE PINES FL 33023			83						
11. Parsuant to the provisions of Sections 607.0502 and 607.5508. Florida Statuties, the above hanned corporation submiss this statement for the purpose of changing its registered office or registered aport, or both, in the State of Priorida. Such change was without one of the corporation's board of directors. Therety accept the appointment as registered eigent. Lam familiar with, and accept the obligations of, Soction 607.0505. Florida Statutes. SIGNATURE 20				84	City		E	85 Zg	p Code	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO GFFICERS AND DIRECTORS N 12	or registere familiar wit	ed agent, or both, in the State of Florida	 Such change was authorized t 	the above n by the corpo	amed corp oration's bo	poration submits this statement fi pard of directors. I hereby accep	or the purpose of a	changing its r	egistered office lagent. I am	
TIFLE	SIGNATORL _			Begistered Ager	l signature requ	ired who is remistating?	DATE			
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14 I do hereby certify that the information supplied with this filing is valuaterily furnished and does not qualify for the exemption stated in Section 119 07(3)(b). Florida Statutos, if uther										

14. To hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.0/(3)(k). 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 attrictiment with an address.

SIGNATURE

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