## **2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## **FILED** Aug 02, 2005 8:00 am Secretary of State

08-02-2005 90036 011 \*\*\*150.00

## DOCUMENT# M94276

1. Entity Name

ROYAL PALM HEARING AID CENTER OF DEL MAR, INC.



_					<u> </u>					
Principal Place of Business Mailing Address				-						
7072 BERACASA WAY BOCA RATON FL 33433 US			7072 BERACASA WAY BOCA RATON FL 33433 US							
2. Principal Place of Business		3. Mailing Address					, , , , , , , , , , , , , , , , , , , ,			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	1st MOORE CR2E034 (10/04)				
City & State	9	City & State			4. FEI Num	65-006488	1	1	Applied F	
Zip	Country	Zip		Country	5. Certifica	te of Status Desired		\$8.75 Ac		
	6. Name and Address of Curr	ent Registere	ed Agent	<u> </u>	7. Name ar	nd Address of New F	legistered #	\gent		
				Name						
SORKOWITZ, SONDRA B 7072 BERACASA WAY BOCA RATON FL 33433					Street Address (P.O. Box Number is Not Acceptable)					
ВОС	A NATON I E 33433			City				Zip Co		
		_		'			FL			
	named entity submits this statement ions of registered agent.	nt for the purp	ose of changing i	ts registered office or	registered agent, or b	oth, in the State of Flo	orida. I am f	amiliar with	ı, and ac	
SIGNATURE .	Signature, typed or printed name of registored a	igoni and title if app	olicatile (NC	TE Registered Agent signate	ure required when learnstating)	·	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550 Payable to Florida Departmen					9. Election Camp Trust Fund Cor			5.00 Ma ided to Fe	
10.	OFFICERS A	ND DIRECTO	L DRS	11.	ADDITION	S/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11	
IMIE	VD		☐ Delete	THE				☐ Change		
	SORKOWITZ, SONDRA B.			NAME						
	5700 CAMINO DEL SOL #400			STREET ADDRESS						
CITY-ST-71P	BOCA RATON FL			CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				☐ Change	☐ A	
NAME				NAME						
STREET ADDRESS		-		STREET ADDRESS						
CITY-ST-ZIP	<u> </u>			CHY-ST-ZP			<u> </u>			
TITLE			☐ Delete	TITLE				☐ Change	. A	
NAME				NAME.						
STREET ADDRESS				STREET ADDRESS						
CHY-SI-ZIP				CITY-S1-ZIP						
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NAME				NAME STREET ADDRESS						
STREET ADDRESS				CHY-SI-ZIP						
CITY-ST-ZIP				<del></del>				Change		
TITLE			☐ Delete	TITLE				☐ Change	: A	
NAME CLOCKE ADDDESCE				NAME Street address						
STREET ADDRESS CITY-ST-7IP				CITY-ST-ZIP						
				<del></del>				☐ Change	:	
TITLE	±/ <b>÷</b>		Delete	TITLE NAME				The countries	<b>□</b> *	
NAME STREET ADDRESS	,			STREET ADDRESS						
CITY-ST-ZIP	Mag 4			CITY-ST-ZIP						

12. 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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sondra B. Sorkowitz V.P. Thelos



MEL SORKOWITZ, Au.D. Doctor of Audiology

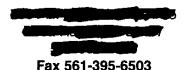
SONDRA SORKOWITZ, B.A. Hearing Instrument Specialist George Washington University ELDERCARE Manager

ELISSA SORKOWITZ LEJEUNE, BC-HIS Hearing Instrument Specialist

## ATTACHMENT SOUS 9440 # M94276 Royal Palm Hearing Aid Center

www.royalpalmhearing.com

7072 Beracasa Way Boca Raton, FL 33433 561-368-7600 Fax 561-395-6503



7/28/05

To Whom It may Concern:

I have not received any notice of

filing 2005 For Profit Corporation Annual Report (HOR)

until now.

This is the 1st notice received by Royal

Palm Hearing Aid Center of Del MAR, Inc. Please remove

16th fee.

Enclosed is check # 6982 for \$150.00. Thenkyou

and please send notice for 2006 before Jam 2006.

Sincerely yours

Sonda Sorkout, V.P.