


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.	

Principal Place of Business 7072 BERACASA WAY BOCA RATON FL 33433 US	Mailing Address 7072 BERACASA WAY BOCA RATON FL 33433 US
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent SORKOWITZ, SONDR B 7072 BERACASA WAY BOCA RATON FL 33433	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** Ma
Trust Fund Contribution. ☐ Added to Fe

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input type="checkbox"/> Delete SORKOWITZ, SONDR B. 5700 CAMINO DEL SOL #400 BOCA RATON FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

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

SIGNATURE: Sondra B. Sorkowitz, V.P. 7/28/05 561-368-76



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 50059440
#M94276
Royal Palm Hearing Aid Center

www.royalpalmhearing.com

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

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
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 (AR)
until now.

This is the 1st notice received by Royal
Palm Hearing Aid Center of Del MAR, Inc. Please remove
late fee.

Enclosed is check #6982 for \$150.00. Thank you
and please send notice for 2006 before Jan. 2006.

Sincerely yours

Sondra Sorkowitz, V.P.