FILE NOW: FILING FEE IS $61.25

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90052 012 ****61.25

0043004

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003301**

1. Corporation Name
FLORIDA ACADEMY OF AUDIOLOGY, INC.

Principal Place of Business	Mailing Address
1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426	1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 10075 Jog Road	26 Suite, Apt. #, etc.: 10075 Jog Road
22 City & State: Suite #107	27 City & State: Suite #107
23 Zip: Boynton Beach, FL	28 Zip: Boynton Beach, FL
24 Country: 33437	25 Country: USA
	29 Country: 33437
	30 Country: USA

3. Date Incorporated or Qualifed: 06/09/1997

4. FEI Number: 65-0764913 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SEDERHOLM, STEVEN D
1403 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name: STEVEN D. SEDERHOLM
82 Street Address (P.O. Box Number is Not Acceptable): 10075 Jog Road
83: Suite 107
84 City: Boynton Beach **FL** 85 Zip Code: 33437

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TRYCHEL, MARC R		1.2 NAME	SEDERHOLM, STEVEN D.	
STREET ADDRESS	1108 W DIXIE AVE		1.3 STREET ADDRESS	10075 JOG RD., SUITE 107	
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	☐ DELETE	2.1 TITLE	P ELECT D	☒ Change ☐ Addition
NAME	SEDERHOLM, STEVEN D		2.2 NAME	CROSBY, NOEL M.	
STREET ADDRESS	1403 W BOYNTON BEACH BLVD #6		2.3 STREET ADDRESS	1961 FLOYD ST, D	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2.4 CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VD	☐ DELETE	3.1 TITLE	V for EDUCATION D	☐ Change ☒ Addition
NAME	CROSBY, NOEL M		3.2 NAME	WRIGHT, VIRGINIA	
STREET ADDRESS	1961 FLOYD ST, D		3.3 STREET ADDRESS	3841 N. ROOSEVELT BLVD.	
CITY-ST-ZIP	SARASOTA FL 34239		3.4. CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	V	☒ DELETE	4.1 TITLE	V for PROFESSIONAL ISSUES	☒ Change ☐ Addition
NAME	PACKER, BARBARA		4. 2 NAME	TALERICO, FRANK B.	
STREET ADDRESS	3301 COLLEGE AVE		4.3 STREET ADDRESS	2825 N. ST. RD. 7, #207	
CITY-ST-ZIP	FT LAUDERDALE FL 33314		4.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	V	☐ DELETE	5.1 TITLE	V for MEMBERSHIP SERVICES	☐ Change ☒ Addition
NAME	TALERICO, FRANK B		5.2 NAME	MCCALL RAMOS, PATTI	
STREET ADDRESS	2825 NORTH STATE RD 7, #207		5.3 STREET ADDRESS	900 NW 13TH STREET	
CITY-ST-ZIP	MARGATE FL 33063		5.4 CITY-ST-ZIP	BOCA RATON, FL 33468	
TITLE	S	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	SIMON, CINDY A		6.2 NAME	FERNANDEZ ROQUE, NATALIE	
STREET ADDRESS	6280 SUNSET DR, #201		6.3 STREET ADDRESS	3661 S. MIAMI AVENUE, #410	
CITY-ST-ZIP	S MIAMI FL 33143		6.4 CITY-ST-ZIP	MIAMI, FL 33133	

CR2E037 (11/98)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3/19/99 (Date) — (561)734-5969 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN D. SEDERHOLM