FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003301

1. Corporation Name

FLORIDA ACADEMY OF AUDIOLOGY, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

1403 W BOYNTON BEACH BLVD **BOYNTON BEACH FL 33426**

2. Principal Place of Business

21 10075 Jog Road

1403 W BOYNTON BEACH BLVD **BOYNTON BEACH FL 33426**

10075 Jog Road

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90052 012 ****61.25

	 1	 	

Applied For

3. Date Incorporated or Qualifed

06/09/1997

4. FEI Number

Suite #107 27 Suite #107 65-0764913 Not Applicable
City & State City & State City & State City & State Status Desired Status Desire
Septemble Sept
Zip Country Zip Country Zip Country G. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 81 Name STEVEN D. SEDERHOLM SEVEN D. SEDERHOLM STEVEN D. SEDERHOLM
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 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 33426 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 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 agent and title if applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD TRYCHEL, MARC R 110. Name and Address of New Registered Agent STEVEN D. SEDERHOLM 82 Street Address (P.O. Box Number is Not Acceptable) 10075 Jog Road 83 Suite 107 84 City Boynton Beach Boynton Beach Boynton Beach FL 85 Zip Code 33437 FL 85 Zip Code 3437 85 Zip Code 3437 86 Zip Code 3437 87 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST ZIP BOYNTON BEACH, FL 33437 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDIT
SEDERHOLM, STEVEN D 1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426 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 agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. NAME TRYCHEL, MARC R 11. PD TRYCHEL, MARC R 11. PD TRYCHEL, MARC R 12. NAME TRYCHEL, MARC R 11. PD TRYCHEL, MARC R 11. PD TRYCHEL, MARC R 12. NAME TRYCHEL, MARC R 13. STREET ADDRESS TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437 TILLE PD TRYCHEL, MARC R 14. City BOYNTON BEACH, FL 33437
SEDERHOLM, STEVEN D 1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426 **Suite 107** **Boynton Beach** **Boynton Beach** **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 agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **Signature** **Signature**, typed or punited name of registered agent and title if applicable.** **OFFICERS AND DIRECTORS** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** **PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** **PD **Signature**, typed or punited name of registered agent and title if applicable.** **ITILE** **PD *
SEDERHOLM, STEVEN D 1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426 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 and other in agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and other in applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD D DELETE 1.1 TITLE PD D Change Additional Change Additional Change Agent signature required when reinstating Additional Change Agent and the intervention of the provision of the purpose of changing its registered agent agent and the intervention of the purpose of changing its registered agent agent agent and the intervention of the purpose of changing its registered agent agen
1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAME TRYCHEL, MARC R 12. NAME TRYCHEL, MARC R 12. NAME TRYCHEL, MARC R 13. STREET ADDRESS 1108 W DIXIE AVE 13. STREET ADDRESS 10.075 JOG RD., SUITE 107 LEESBURG FL 34748 14.CITY.ST-ZIP BOYNTON BEACH, FL 33437 ITILE PD Change Additional Control of the purpose of changing its registered agent and title if applicable. 10. NAME 10. NOTE: Registered Agent signature required when reinstating) OATE 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 10.075 JOG RD., SUITE 107 14.CITY.ST-ZIP 14.CITY.ST-ZIP 15. DELETE 16. TITLE 17. STREET ADDRESS 17. STREET ADDRESS 18. Change Additional Control of the purpose of changing its registered agent and title if applicable. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS
BOYNTON BEACH FL 33426 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD TRYCHEL, MARC R 1.2 NAME STREET ADDRESS 1.00 75 JOG RD., SUITE 107 STREET ADDRESS 1.00 75 JOG RD., SUITE 107 LEESBURG FL 34748 DELETE DELETE 2.1 TITLE PD Change Additional Change Additiona
State Part
Boynton Beach Boynto
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Addition TRYCHEL, MARC R 1.2 NAME SEDERHOLM, STEVEN D. 1.3 STREET ADDRESS 1.0075 JOG RD., SUITE 107 BOYNTON BEACH, FL 33437 TITLE PD Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Addition Change Addition Addit
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent end title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD TRYCHEL, MARC R 1.2 NAME SEDERHOLM, STEVEN D. 1.3 STREET ADDRESS 1.0075 JOG RD., SUITE 107 BOYNTON BEACH, FL 33437 TITLE PD Change Additional Control of the printed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1.1 TITLE PD SEDERHOLM, STEVEN D. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437 Change Additional Control of the printed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1.1 TITLE PD SChange Additional Control of the printed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1.2 NAME SEDERHOLM, STEVEN D. 1.3 STREET ADDRESS 10075 JOG RD., SUITE 107 BOYNTON BEACH, FL 33437
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 TRYCHEL, MARC R 1.2 NAME SEDERHOLM, STEVEN D. STREET ADDRESS 1108 W DIXIE AVE 1.3 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437 Additional content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Additional content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Additional content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Additional content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Additional content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Additional content of the printed name of registered Agent signature required when reinstating) Additional content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Additional content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating) Additional content of the printed name of th
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Change Addition TRYCHEL, MARC R STREET ADDRESS TRYCHEL, MARC R 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 1.4 CITY-ST-ZIP DELETE 1.5 TITLE PD Change Addition Addition Addition Addition Addition Addition Addition Addition TRYCHEL, MARC R 1.2 NAME SEDERHOLM, STEVEN D. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE PD Change Addition Addits Addition Addition Addition Addition Addition Addition A
TRYCHEL, MARC R STREET ADDRESS 1108 W DIXIE AVE 12 NAME STEET ADDRESS 1108 W DIXIE AVE 13 STREET ADDRESS 10075 JOG RD., SUITE 107 BOYNTON BEACH, FL 33437 TITLE PD DELETE 21 TITLE P ELECT D Change Addition
TRYCHEL, MARC R STREET ADDRESS 1108 W DIXIE AVE 13 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 DELETE 12 NAME 13 STREET ADDRESS 10075 JOG RD., SUITE 107 BOYNTON BEACH, FL 33437 Compared to the compare
1108 W DIXIE AVE
CITY-ST-ZIP LEESBURG FL 34748 1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE PD DELETE 2.1 TITLE P ELECT D K Change Addition
TITLE PD DELETE 2.1 TITLE P ELECT D Change Addition
STREET ADDRESS 1403 W BOYNTON BEACH BLVD #6 23 STREET ADDRESS 1961 FLOYD ST, D
CITY-ST-ZIP BOYNTON BEACH FL 33426 - 2.4 CITY-ST-ZIP SARASOTA, FT, 34239
TITLE VD DELETE 3.1 TITLE V for EDUCATION D Change Addition
NAME CROSBY, NOEL M 32 NAME WRIGHT, VIRGINIA
STREET ADDRESS 1961 FLOYD ST, D 33 STREET ADDRESS 3841 N. ROOSEVELT BLVD.
CITY-ST-ZIP SARASOTA FL 34239 34. CITY-ST-ZIP KFY WEST, FT, 33040
TITLE V FOR PROFESSIONAL ISSUES Change Additive
NAME PACKER, BARBARA 4.2 NAME TALERICO, FRANK B.
STREET ADDRESS 3301 COLLEGE AVE 4.3 STREET ADDRESS 2825 N. ST. RD. 7, #207
STANDED ALE STANDARD ET 22062
TITLE V GOT MEMBERSHIP SERVICES Change Addition
NAME TALERICO, FRANK B 52 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 54 CITY-ST-ZIP BOCA RATON, FL 33468
TITLE S DELETE 6.1 TITLE S Change Addition
NAME SIMON, CINDY A 62 NAME FERNANDEZ ROQUE, NATALIE
SMON, CHUT A
CITY-ST-ZIP S MIAMI FL 33143: 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:

(561)734-5969