1/19/00-90014-040-$61.25-$61.25

DOCUMENT # N97000003301

1. Entity Name

FLORIDA ACADEMY OF AUDIOLOGY, INC.

FILED

00 APR -3 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10075 JOG RD STE 107 BOYNTON BEACH FL 33437	10075 JOG RD STE 107 BOYNTON BEACH FL 33437-3532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~4927 Seville Drive~~ Suite, Apt. #, etc.	~~4927 Seville Drive~~ Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34235 Country: USA	Zip: 34235 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEDERHOLM, STEVEN D *10075 JOG RD STE 107* BOYNTON BEACH FL 33437	Name: Noel Crosby Street Address (P.O. Box Number is Not Acceptable): 4927 Seville Drive City: Sarasota FL Zip Code: 34235

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.

SIGNATURE: [signature] Noel Crosby 3/25/2000 1/8/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRYCHEL, MARC R 1108 W DIXIE AVE LEESBURG FL 34748	☒ Delete	PD Noel Crosby 4927 Seville Dr., Sarasota 34235	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEDERHOLM, STEVEN D 10075 JOG RD STE 107 BOYNTON BEACH FL 33437	☒ Delete	PD Cindy Simon 6280 Sunset Drive ~~Miami, FL 33143~~ LS	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CROSBY, NOEL M 1981 FLOYD ST, D SARASOTA FL 34239	☒ Delete	PD Steven D. Sederholm 10075 Jog Road, Boynton 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPI TALERICO, FRANK B 2825 N ST RD 7#207 MARGATE FL 33063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VMS MCCALL RAMOS, PATTI 900 NW 13 ST BOCA FL 33468	☒ Delete	VMS Ana O'Reilly 2501 S. Ocean Dr., Hollywood 33019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERNANDEZ ROQUE, NATALIE 3681 S MIAMI AVE 410 MIAMI FL 33133	☐ Delete		☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Noel Crosby 3/25/2000 1/8/00 561-734-5969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #