

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003301

FILED
Jul 07, 2005
Secretary of State

Entity Name: FLORIDA ACADEMY OF AUDIOLOGY, INC.

Current Principal Place of Business:

P.O. BOX 7257
SEMINOLE, FL 33775

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7257
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 65-0764913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHEITLER, DONNA LANGE
7391 HUNT CLUB LANE
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

SHIMON, DEBRA AU.D.
1600 SW ARCHER ROAD, SPEECH & HEARING CTR.
GAINESVILLE, FL 32610 US

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: DEBRA SHIMON, AU.D.

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAHE, FREDERICK AUD
Address: 201 NW 82ND AVE., STE. 406
City-St-Zip: PLANTATION, FL 33324

Title: PED () Delete
Name: SHELFER, JANET AUD
Address: 13158 RIVERGATE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: SCHEITLER, DONNA LANGE AU.D.
Address: VAMC, P.O. BOX 5005
City-St-Zip: BAY PINES, FL 33744

Title: VPED () Delete
Name: WILLIAMSON, GAIL AU.D.
Address: 857 NE JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: VMS () Delete
Name: CHONKA, JOHN
Address: 5457 NORTH FEDERAL HWY.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD () Delete
Name: ROSENBERG, GAIL
Address: 6448 PARKLAND DRIVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHELFER, JANET AUD
Address: 12936 RIVERMIST WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: PED (X) Change () Addition
Name: SCHEITLER, DONNA LANGE AUD
Address: VAMC, P.O. BOX 5005
City-St-Zip: BAY PINES, FL 33744

Title: TD (X) Change () Addition
Name: SHIMON, DEBRA AU.D.
Address: 1600 SW ARCHER ROAD, SPEECH & HEARING CTR.
City-St-Zip: GAINESVILLE, FL 32610

Title: VPED (X) Change () Addition
Name: DANESH, ALI PH.D.
Address: 777 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: VMS (X) Change () Addition
Name: CHONKA, JOHN AU.D.
Address: 5457 NORTH FEDERAL HWY.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD (X) Change () Addition
Name: ALMOND, LISA AU.D.
Address: 701 MANATEE AVENUE WEST, SUITE 201
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA SHIMON, AU.D.

TD

07/07/2005

Electronic Signature of Signing Officer or Director

Date