2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# N97000003301

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHELFER, JANET AUD	
Address:	12936 RIVERMIST WAY	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	PED	( ) Delete
Name:	SCHEITLER, DONNA LANGE AUD	
Address:	VAMC, P.O. BOX 5005	
City-St-Zip:	BAY PINES, FL 33744	
Title:	TD	( ) Delete
Name:	SHIMON, DEBRA AU.D.	
Address:	1600 SW ARCHER ROAD, SPEECH & HEARING CTR.	
City-St-Zip:	GAINESVILLE, FL 32610	
Title:	VPED	( ) Delete
Name:	DANESH, ALI PH.D.	
Address:	777 GLADES ROAD	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	VMS	( ) Delete
Name:	CHONKA, JOHN AU.D.	
Address:	5457 NORTH FEDERAL HWY.	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	SD	( ) Delete
Name:	ALMOND, LISA AU.D.	
Address:	701 MANATEE AVENUE WEST, SUITE 201	
City-St-Zip:	BRADENTON, FL 34205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SCHEITLER, DONNA LANGE AUD	
Address:	VAMC, P.O. BOX 5005	
City-St-Zip:	BAY PINES, FL 33744	
Title:	PED	(X) Change ( ) Addition
Name:	ALMOND, LISA AUD	
Address:	701 MANATEE AVENUE WEST, SUITE 201	
City-St-Zip:	BRADENTON, FL 34205	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VMS	(X) Change ( ) Addition
Name:	YOUNKER, SUZANNE AU.D.	
Address:	1250 NORTHPOINT PARKWAY	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	SD	(X) Change ( ) Addition
Name:	GANS, PATRICIA AU.D.	
Address:	11290 PARK BLVD.	
City-St-Zip:	SEMINOLE, FL 33772	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LISA O. BEARD ED 01/13/2006

Electronic Signature of Signing Officer or Director — Date