2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000015741 **DOCUMENT #**

1. Entity Name

THE HEARING CENTER, INC.		
Principal Place of Business 602 HALL OF FAME DRIVE LAKE CITY FL 32055	Mailing Address 602 HALL OF FAME DRIVE LAKE CITY FL 32055	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
	7:-	Country

FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90188 042 ***150.00

						- CONTRACTOR OF THE PERSON OF						
Principal Place of Business 502 HALL OF FAME DRIVE AKE CITY FL 32055			Mailing Address 602 HALL OF FAME DRIVE LAKE CITY FL 32055									
2. Principal Place of Business 3. Mailing Address									i a kiii i ob ii ah	an i 13 0 1 1001		
Suite, Apt. #, etc. Suite, Apt. #, etc.			e, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4. F	4. FEI Number 59-3624800			plied For t Applicable	
Zip		Country.	Zip Cour			try	5 . C	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6 Name	and Address of Current	Registere	ed Agent	- ;	• • -	·~7. N	lame and Address of New Regis	stered Ag	ent		
	o. Italiic	and Addition of Control				Name						
SPIEGEL & UTRERA, P.A.						Street Address (P.O. Box Number is Not Acceptable)						
343 ALMER	iia avenu	E										
CORAL GAI	BLES FL 3	3134										
× .						City			FL	Zip Code		
8. The above r	named entitions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	registere	ed office or reg	istered age	ent, or both, in the State of Florida	ı. I am tai	miliar with, a	and accept	
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOT	E: Registere	d Agent signature re	quired when re	sinstating)	OATE			
After	May 1, 200	PEE IS \$150.00 D3 Fee will be \$550.00 D5 Florida Department o	of State		_			Election Campaign Financ Trust Fund Contribution.		Added	May Be to Fees	
10.		OFFICERS AND		DRS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS	S IN 11	
	 PD	OTT TO ETT TO THE		☐ Delete	TITL	E				Change	☐ Addition	
		V, JAMES H			NAM	IE i						
STREET ADDRESS	RO2 HALL	OF FAME DRIVE			STR	EET ADDRESS						
		Y FL 32055			CITY	/-ST-ZIP						
TITLE	S	. 12 02000		☐ Delete	TITL	E				☐ Change	Addition	
	_	RICHARD L			MAN	AE						
		OF FAME DRIVE				EET ADDRESS						
CITY-ST-ZIP		Y FL 32055			CIT	Y-ST-ZIP						
TITLE	T'	ر ياس	_	- 🖃 Delete — -	TITL	.E		to the second		Change	☐ Addition	
NAME	STRAUSS	. GUY S			NAM	I .						
STREET ADDRESS	602 HALL	OF FAME DRIVE				EET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP	LAKE CIT	Y FL 32055								☐ Change	Addition	
TITLE				☐ Delete	TITI NAN					Online		
NAME						EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					- 1	Y-ST-ZIP						
	 -			☐ Delete	TIT			·		Change	☐ Addition	
TITLE				L Delete	NAJ							
NAME STREET ADDRESS					STF	REET ADDRESS						
CITY-ST-ZIP					CIT	Y-ST-ZIP						
	ļ			☐ Delete	TIT	LE T				Change	☐ Addition	
TITLE NAME					NA	i i						
STREET ADDRESS	ļ				STI	REET ADDRESS						
CITY-ST-ZIP	l					Y-ST-ZIP		<u> </u>				
12. I hereby	certify that t	he information supplied w	ith this filin	g does not qualify f	or the ex	emption stated	in Section	119.07(3)(i), Florida Statutes. I fo	irther cert	ify that the m an office	information r or director	

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 cath; that I am an officer or director 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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:

Daytime Phone #