

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026130

FILED
Feb 10, 2005
Secretary of State

Entity Name: DOCTORS HEARING/TESTING CENTERS, INC.

Current Principal Place of Business:

5100 N FEDERAL HWY STE 409
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

300 FIFTH AVENUE SOUTH
SUITE 101-456
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0985309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, RENITA
4850 ST.JAMES AVE.
TITUSVILLE, FL 32780 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HAYES, RICHARD L M.D.
Address: 32 EDGEWOOD
City-St-Zip: CABOT, AR 72023

Title: PD () Delete
Name: CALVIN, GLEN D.O.
Address: 1422 CLEARVIEW ROAD
City-St-Zip: UNION, MO 63084

Title: VD () Delete
Name: SALAMY, JOSEPH M.D.
Address: 3270 SOUTH DELAWARE
City-St-Zip: TULSA, OK 741052432

Title: STD () Delete
Name: DAVIS, RON
Address: 311 BOWWHITE ROAD
City-St-Zip: LONOKE, AR 72086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Change (X) Addition
Name: LUND, JACK R D.O.
Address: 6545 RIDGE ROAD
City-St-Zip: PORT RICHEY, FL 34668

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. HAYES, M.D.

CD

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date