

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026130

FILED  
Apr 10, 2008  
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:

800 W CYPRESS CREEK RD SUITE 470  
FT LAUDERDALE, FL 33309

## 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 BOWHITE ROAD  
City-St-Zip: LONOKE, AR 72086

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

Title: STD ( ) Delete  
Name: THOMAS, FIELDS MD  
Address: 405 ROSELAWN AVENUE  
City-St-Zip: MONROE, LA 71201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: CALVIN, KAREN  
Address: 1422 CLEARVIEW ROAD  
City-St-Zip: UNION, MO 63084

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

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

Title: STD (X) Change ( ) Addition  
Name: FLETCHER, DAVID M.D.  
Address: 816 SOUTH FLEISHEL  
City-St-Zip: TYLER, TX 75701

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON DAVIS

STD

04/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date