2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# P00000026130

Entity Name: DOCTORS HEARING/TESTING CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2227 WEST MAIN STREET
JACKSONVILLE, AR 72076

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, KAREN
Address: 1422 CLEARVIEW ROAD
City-St-Zip: UNION, MO 63084

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

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

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

Title: STD (X) 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: RONALD, DAVIS
Address: 311 BOBWHITE RD
City-St-Zip: LONOKE, AR 72086

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:

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 PD 02/02/2009

Electronic Signature of Signing Officer or Director — Date