2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000026130

Entity Name: DOCTORS HEARING/TESTING CENTERS, INC.

FILED Apr 21, 2003 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	EDERAL HWY ERDALE, FL 3				
Current Mailing Address:			New Mailing Address:		
5100 N FEDERAL HWY STE 409 FT LAUDERDALE, FL 33308			300 FIFTH AVENUE SOUTH SUITE 101-456 NAPLES, FL 34102		
FEI Number	: 65-0985309	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:	
	RENITA AMES AVE. LE, FL 32780	US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or bo	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
	. <u>.</u>				
	mpaign Financini S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	CD () JOHNSON, JIM 20 JUSTICE LN CONWAY, AR	l	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STATON, ED	Delete OD LODGE RD AR 71913	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition RUGGLES, DWAYNE L M.D. 2305 HIDDEN VALLEY DRIVE LITTLE ROCK, AR 72212	
Title: Name: Address: City-St-Zip:	STATON, LIZ	Delete OD LODGE RD AR 71913	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition HAYES, RICHARD E M.D. 32 EDGEWOOD CABOT, AR 72023	
Title: Name: Address: City-St-Zip:	STD () DAVIS, RON 311 BOWHITE LONOKE, AR 7		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	STD () Change (X) Addition SALAMY, JOSEPH M.D. 3270 SOUTH DELAWARE PLACE TULSA, OK 74105	

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: RON DAVIS SEC 04/21/2003