FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Aug 21, 2001 8:00 am Secretary of State DOCUMENT # 08-21-2001 90034 023 ***150.00 Woodmere Hearing Center, Inc. Mailing Address 4235 Tennyson Way Venice, FL 34293 977928 2. Principal Place of Business
4120 Woodmere Park Blvd.
3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1008063 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Daniel L. Prewett -Name Street Address (P.O. Box Number is Not Acceptable) 5777 Beneva Rd. South Sarasota, FL 34233 Zip Code FL 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. Vice President, Sec. Delete **O**Hange TITLE ☐ Addition TITLE Vicki M. Royer-Connell 4235 Tennyson Way NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pres., Treas, D. W. W. Royer 617 Khyber Lane TITLE TITLE ☐ Change 4 +odition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ~ 🖾 Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am a managing member or manager of the limited liability company or the receiver or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRÉSENTATIVE

Daytime Phone #

WOODMERE HEARING CENTER, INC. d/b/a Beltone Hearing Center 4120 Woodmere Park Blvd.

Venice, FL 34293 (941)408-8077

August 13, 2001

Florida Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Re: Woodmere Hearing Center, Inc. P00000048492

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. In May of 2000 we formed this corporation but were not active. We changed the mailing address of the corporation early this year. We have no record of ever receiving the renewal notice for tax year 2001.

Our accountant brought this to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties for our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,

W. W. Royer, President

Enclosure