## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000048492

City-St-Zip: VENICE, FL 34293

Entity Name: WOODMERE HEARING CENTER, INC.

FILED Apr 30, 2007 Secretary of State

| Current Principal Place of Business:          |  |                               | New Principal Place of Business:             |  |
|---|--|-------------------------------|--|--|
| 4120 WOO<br>SUITE 8A<br>VENICE, F             | DDMERE PARI<br>FL 34293                                | K BLVD.                       |  |  |
| Current Mailing Address:                      |  |                               | New Mailing Address:                         |  |
| 4120 WOO<br>SUITE 8A<br>VENICE, F             | ODMERE PARI<br>FL 34293                                | K BLVD.                       |  |  |
| FEI Number                                    | : 65-1008063   | FEI Number Applied For ( )    | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: |  |                               | Name and Address of New Registered Agent:    |  |
| SARASOT                                       | EVA ROAD SC<br>FA, FL 34233<br>a named entity s        | US                            | purpose of changing its registered           | l office or registered agent, or both, |
|   | e of Florida.  |                               |  |  |
| SIGNATUI                                      | Electron   | ic Signature of Registered Ag | ent  | Date                                   |
| OFFICERS AND DIRECTORS:                       |  |                               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPS ()<br>ROYER-CONNE<br>4235 TENNYSO<br>VENICE, FL 34 | N WAY                         | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:                               | PTD () ROYER, W W                                      | Delete                        | Title:<br>Name:                              | ( ) Change ( ) Addition                |

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: V.M. CONNELL V.P. 04/30/2007