

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048492

FILED
Apr 27, 2009
Secretary of State

Entity Name: WOODMERE HEARING CENTER, INC.

Current Principal Place of Business:

4130 WOODMERE PARK BLVD.
SUITE 11
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

4130 WOODMERE PARK BLVD.
SUITE 11
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-1008063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODMERE HEARING & BALANCE CENTERS, INC.
4120 WOODMERE PARK BLVD
SUITE 8A
VENICE, FL 34293 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: PRES () Delete
Name: ROYER-CONNELL, VICKI M
Address: 4235 TENNYSON WAY
City-St-Zip: VENICE, FL 34293

Title: VPRES () Delete
Name: ROYER, W W
Address: 887 TARTAN DRIVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VICKY ROYER-CONNELL

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date