

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057803

FILED
Apr 28, 2006
Secretary of State

Entity Name: MAITLAND AUDIOLOGY, P.A.

Current Principal Place of Business:

340 MAITLAND AVE., SUITE 120
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

340 MAITLAND AVE., SUITE 120
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3649030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROTTY, BARBARA LYN D
1651 HURON TRAIL
MAITLAND, FL 32751 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: VP () Delete
Name: CROTTY, JOHN M
Address: 1651 HURON TR
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: CROTTY, BARBARA L D
Address: 1651 HURON TR
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: CROTTY, BARBARA L D
Address: 1651 HURON TR
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: CROTTY, BARBARA L D
Address: 651 HURON TR
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: P (X) Change () Addition
Name: CROTTY, BARBARA L D
Address: 1651 HURON TR
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA LYN DIXON CROTTY

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date