


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000057803</b> 1. Entity Name MAITLAND AUDIOLOGY, P.A.	
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Principal Place of Business 340 MAITLAND AVE., SUITE 120 MAITLAND, FL 32751	Mailing Address 340 MAITLAND AVE., SUITE 120 MAITLAND, FL 32751
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07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3649030	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CROTTY, BARBARA LYN D  
1651 HURON TRAIL  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROTTY, JOHN M 1651 HURON TR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROTTY, BARBARA L D 1651 HURON TR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROTTY, BARBARA L D 1651 HURON TR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROTTY, BARBARA L D 1651 HURON TR MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/07-80010-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/07  
Date

Daytime Phone #