

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : AL CLARK  
Account Number : 072100000173  
Phone : (727) 398-6011  
Fax Number : (727) 397-5189

**FLORIDA PROFIT CORPORATION OR P.A.****LEPTRONE HEARING CARE INC.**

Certificate of Status	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be

LEPTRONE HEARING CARE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12551 INDIAN ROCKS RD. SUITE 7  
LARGO, FL 33774

### ARTICLE III SHARES

The number(s) of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES  
NO PAR

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:  
prepared by:

Name: LINDA LEPTONE  
Address: 2224 LAUREN DR.  
LARGO, FL 33774  
PH# (727)585-5270

Accounting & Tax Help, INC.  
8668 PARK BLVD Suite A  
SEMINOLE, Florida 33777  
PH# (727)398-6011

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**ARTICLE V DIRECTOR(S)**

The number of directors constituting the initial Board of Directors of the corporation is One ( 1 ) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

Linda Leptone  
2224 Lauren Dr.  
Largo, FL 33774

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are) :

Linda Leptone  
2224 Lauren Dr.  
Largo, FL 33774

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

6<sup>th</sup> day of September 2000

(An additional article must be added if an effective date is requested.)

X Linda L. Leptone  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:  
**LEPTRONE HEARING CARE, INC.**

2. The name and address of the registered agent and office is:

Accounting & Tax Help, INC.  
(Name)

8668 PARK BLVD., Suite A  
(P.O. Box not acceptable)

SEMINOLE, Florida 33777  
(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.*

AD Clark

(Signature)

**PRESIDENT**

DATE

9/6/00

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

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