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Florida Department of State
Division of Corporations
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FLORIDA PROFIT CORPORATION OR P.A.

Hearing Cocepts of Ocala, Inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION
OF
HEARING CONCEPTS OF OCALA, INC.**

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The undersigned, for the purposes of forming a corporation under Chapter 607, Florida Statutes, hereby adopt the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation is Hearing Concepts of Ocala, Inc.

ARTICLE II

COMMENCEMENT AND DURATION

The duration of the corporation is perpetual. The date and time of the commencement of corporate existence is the time of the filing of the Articles of Incorporation with the Department of State of the State of Florida.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV

CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is Ten Thousand (10,000) shares. Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

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ARTICLE V

REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Brian Lazio
8585 S.W. Highway 200
Ocala, Florida 34487

ARTICLE VI

PRINCIPAL OFFICE

The principal place of business of the corporation is: 8585 S.W. Highway 200 Ocala, Florida 34487. The mailing address of the corporation is the same.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws. The name and address of the initial directors are:

David Ditchfield
6431 E. Glover Street
Inverness, Florida

Brian Lazio
6592 E. Channel Drive
Hernando, Florida

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**ARTICLE VIII
INCORPORATOR**

The name and address of the incorporator is:

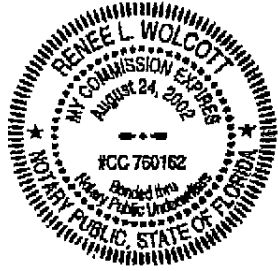
Brian Lazio
8585 S.W. Highway 200
Ocala, Florida 34487

EXECUTED by the undersigned person at Ocala, Marion County, Florida, on this
the 28th day of September


BRIAN LAZIO, Incorporator

STATE OF FLORIDA)
COUNTY OF MARION)

SWORN TO AND SUBSCRIBED before me, this 28th day of September, 2000.



NOTARY PUBLIC

Sign:

Print: Renee Wolcott

State of Florida at Large (Seal)
My Commission Expires:

Personally known _____ or produced identification X

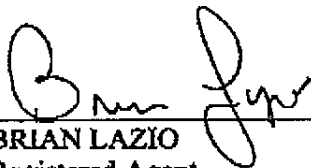
Type of identification produced H. Orwe's license

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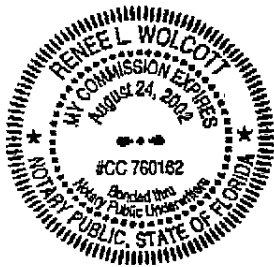
ACCEPTANCE BY REGISTERED AGENT

I, Brian Lazio, accept the office of Registered Agent. I am located at 8585 S.W. Highway 200, Ocala, Florida 34487, the registered office of this corporation.


BRIAN LAZIO
Registered Agent

STATE OF FLORIDA)
COUNTY OF MARION)

SWORN TO AND SUBSCRIBED before me, this 28th day of September, 2000.



NOTARY PUBLIC

Sign: 

Print: _____

State of Florida at Large (Seal)
My Commission Expires:

Personally known _____ or produced identification Y

Type of identification produced The Driver's license

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