

P00000091949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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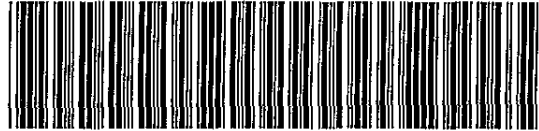
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. Lewis 2/2/04*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEARING CONCEPTS OF OCALA, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P00000091949

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT A. STERMER

(Name of Person)

ROBERT A. STERMER, ESQ.

(Name of Firm/Company)

8585 SW HIGHWAY 200, SUITE 9

(Address)

OCALA, FL 34481

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT A. STERMER

(Name of Person)

at ( 352 ) 861-0447

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

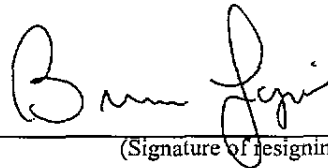
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04 JAN 26 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, BRIAN LAZIO, hereby resign as PRESIDENT & DIRECTOR  
(Title)

of HEARING CONCEPTS OF OCALA, INC.  
(Name of Corporation)

P00000091949 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314