

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036300

FILED
Jan 19, 2004
Secretary of State

Entity Name: JAX HEARING SERVICES, INC.

Current Principal Place of Business:

3119 SPRING GLEN RD STE 102
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5000 SAN JOSE BLVD
APT 212
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3715723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAN, MELINDA J
3119 SPRING GLEN RD STE 102
JACKSONVILLE, FL 32207

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: DPVS () Delete
Name: BEAN, MELINDA J
Address: 5000 SAN JOSE BLVD APT 7
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: BEAN, MELINDA J
Address: 5000 SAN JOSE BLVD APT 7
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: BEAN, MELINDA J
Address: 5000 SAN JOSE BLVD APT 212
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Change () Addition
Name: BEAN, MELINDA J
Address: 5000 SAN JOSE BLVD APT 212
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MELINDA J BEAN

DPVS

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date