

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077747

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** CHARLOTTE HEARING CENTER, INC.

**Current Principal Place of Business:**

21216 OLEAN BOULEVARD  
CENTRAL PLAZA WEST, SUITE 4  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21216 OLEAN BOULEVARD  
CENTRAL PLAZA WEST, SUITE 4  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-1128385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, OLIVER J JR.  
8130 66TH STREET NORTH  
SUITE 8  
PINELLAS PARK, FL 33781 US

**Name and Address of New Registered Agent:**

STEWART, MARY G CPA  
4456 TAMIAMI TRAIL  
A10  
PORT CHARLOTTE, FL 33980 US

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:** MARY G. STEWART, CPA

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WALDEN, BETHANY L AU.D.  
**Address:** 21216 OLEAN BLVD, CPW, SUITE 4  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** V  
**Name:** WALDEN, DANNY L  
**Address:** 21216 OLEAN BLVD, CPW, SUITE 4  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

**SIGNATURE:** BETHANY L. WALDEN, AU.D.

P

02/23/2011

Electronic Signature of Signing Officer or Director

Date