## **2008 FOR PROFIT CORPORATION**

## FILED May 01, 2008 8:00 am Secretary of State

	NUAL REPORT	•
DOOL 11 15 17 17 DOOG	00050054	Г

1. Entity Nam	DOCUMENT # P02000058651  Entity Name EMERALD COAST HEARING ASSOCIATES, INC.				05-01-2008 90195 017 ***150.00					
Principal Place	e of Business	Mailing Address			-					
Principal Place of Business Mailing Address 220 DACETDACY DD 1627 TRENT CT										
339 RACETRACK RD 1627 TRENT ST #20 FORT WALTON BEACH, FL 32547				547						
	N BEACH, FL 32547	, o.u			   1	 		I 8(18) 61(6) (()	1 <b>88</b> ) (1 1 <b>89</b> )	
Principal Place of Business - No P.O. Box #     Mailing Address				_						
Suite, Apt. #, etc. Suite, Apt. #, etc.					04082008 Chg-P CR2E034 (12/06)					
City & State	e City & State			4. FEI Number Applied For 30-0080747 Not Applied ble						
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired	□ <b>\$</b>	8.75 Add ee Required	itional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered A	gent		
\/AG!! 55-	. BAADW			Name						
VASILOFF, MARY 1627 TRENT STREET FORT WALTON BEACH, FL 32547				Street Address (P.O. Box Number is Not Acceptable)						
	*:.									
				City	FL Zip Code					
8. The above the obligati	named entity, submits this statement for ions of registered agent.	r the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	orida. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed on printed name of registered agent.	and trie of applicable 1840Ti	E. Booiston	d Agent signature required	(		DATE		****	
• •	and many types a printed have or regulated agents	a a may appearate. (NO)	negatile	o wheat siduatine tedrises	when reinstatings		DATE			
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	HANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE	D	☐ Delete	1011					☐ Change	Addition	
NAME	VASILOFF, MARY		NAM	E				ogo		
STREET ADDRESS	1627 TRENT ST SIR			ET ADDRESS						
CITY-ST-ZIP	FORT WALTON BEACH, FL 325	547	CITY	-S1-ZIP					Ì	
TITLE		☐ Delete	IIIL	E				Change	Addition	
NAME			NAM	Æ						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	E				Change	Addition	
NAME CIRCLI ADDRESS			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE	ν			*						
NAME		☐ Delete	TITLE NAM					☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-SI-ZIP					l	
TITLE	NACO	□ Delete	TITLE		1.716			☐ Change	Addition	
NAME		_ 0000	MAM							
STREET ADDRESS			STRE	ET ADDRESS					!	
CITY-ST-ZIP			CITY	-SI-ZIP						
HITLE		☐ Delete	TITLE	E				☐ Change	☐ Addition	
NAME			NAM						ļ	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. I hereby of indicated of the corp	certify that the information supplied with on this report or supplemental report is portation or the receiver or trustee empor or on an attachment with an address	this filing does not qualify for true and accurate and that no byeged to execute this report	r the exi ny signa as requi	emptions contained ture shall have the s red by Chapter 607	l in Chapter 119, F same legal effect a ', Florida Statules;	Florida Statutes. I is if made under o and that my name	further certify bath; that I and appears in	y that the in n an officer Block 10 or	formation or director Block 11 if	