FROM:

FAX NO. :8508634327

## FILED Aug 19, 2003 8:00 am Secretary of State 07-21-2003 90131 002 \*\*\*150.00

FOR PROFIT CORPORATION

| լ   | UNIFORM BUSINE   | 88 REPORT  | (ÀBI                                      | <u> </u>   |                                       |  |  |  |  |
|---|--|--|---|--|---------------------------------------|--|--|--|--|
| DOCUM   | AENT# P020000586   | 51   | $7 \top$                                  |  |                                       |  |  |  |  |
| 1. Entity Nam.  |  |  | /   |  | ]                                     |  |  |  |  |
| EMERAL  | D COAST HEARING  | associates, i  | NC.                                       |  |                                       |  |  |  |  |
|   |  |  | 1   |  | Ī                                     |  |  |  |  |
|   | DO NOT WRITE   | IN THIS SPAC   | E   |  |                                       |  |  |  |  |
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| ·   |  |  |   |  |                                       | <b>3</b> 0   | 054  | ) T A                                  |  |
| 2. Principal Place of Business 3. Mailing Address 1827 TRENT STREET |  |  |   |  |                                       |  |  |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                             |  |  |   | ······································           | _                                     | DO NOT WRITE IN THIS SPACE   |  |  |  |
| City & State  |  | City & State   |   |  |                                       | FEI Number   |  | Applied For                            |  |
| Zip   | Country Country  | Zip  | Count                                     | ry .   | 1                                     | -0080747   |  | Not Applicable 3.75 Additional         |  |
| 32547   | OKALOOSA   |  | <u> </u>                                  |  |                                       | Certificate of Status Desired  | <u> </u>                                     | e Required                             |  |
| ~   | DO NOT WRITE IN TI   | HIS SPACE  |   | Name   |                                       | ma and Address of Gurrent Re   | Pistered A                                   | gent                                   |  |
| ·   | -  | وبالمراجة ووالمحاجمة والمتالكة والمتالكة   | - *· <del></del>                          | MARY<br>Street Ad                                | VASIL                                 | OFF  |  | <del></del>                            |  |
|   |  | •  |   | 1627 7   | RENT                                  | STREET STREET  | ·<br>  |  |  |
|   | •  |  |   |  |                                       |  |  | <u>.</u>                               |  |
|   | <u> </u>   | ·  |   | FORT   | WALT                                  | ON BEACH   | FL   | Zip Code<br>32547                      |  |
| 6. The above  | named untily automits this statemen<br>the obligations of registered agent   | at for the purpose of chang  | ıng kare                                  | distalent offic                                  | e or regist                           | ered agent, or both, in the State  | of Florida.                                  | am familiar with,                      |  |
| 'min arreht   | this confidences of security admir.  | _  |   |  |                                       | •  |  |  |  |
| SIGNATURE   | Paneture, typed or proper receive of regal   | ared applicated title it applica   | piø (                                     | NOTE: Registe                                    | red Agent a                           | grative required when reinstaling)   |  | 06/25/03<br>DATE                       |  |
| .jan.   | many 1 - Noy 1 Foll is \$150,00<br>After May 1, Pee is \$550.00  |  |   |  |                                       | S. Election Campaign Finance   | ina  | \$5.00 May Bo                          |  |
|   | Arrended UBR is 381.25 Payable to Florida Department of  | Státe  |   |  |                                       | Trust Fund Contribution.   |  | Atided to Fees                         |  |
| 10.   | OFFICERS AND D   |  | 1   |  |                                       |  |  |  |  |
| TITLE NAME.   | DIRECTOR<br>MARY VASILOFF  |  | TITL                                      |  |                                       |  |  |  |  |
| STREET ADDRESS  | 1627 TRENT STREET  |  | 1   | ET ACCINENT                                      |                                       |  |  |  |  |
| Q17-\$1-20°   | FORT WALTON BEA  | CH. FL. 32548  |   | -\$1-2ip   |                                       |  |  |  |  |
| TIAE<br>NAME  |  |  | TIPLE                                     | - 1  |                                       | •  |  |  |  |
| STREET ADDRESS  |  |  | 5∏€                                       | ET ADDRESS                                       |                                       | •  |  |  |  |
| TITLE   |  |  |   | - ST - ZDP                                       |                                       |  |  |  |  |
| HAME  |  |  | TYTL                                      |  |                                       |  |  | į                                      |  |
| STREET ADDRESS  | - ·  |  |   | ETACORESS -                                      |                                       |  |  |  |  |
| TITLE   | <u> </u>   | <del></del>  | CTY                                       | -ST-20P  |                                       | DO NOT WRITE IN  | THIS S                                       | PACE                                   |  |
| MUME  |  |  | NAM                                       |  |                                       | _  |  |  |  |
| CIT-SI-OF   |  |  |   | ET ADDRESS                                       |                                       | •  |  |  |  |
| TIME  |  |  | TITLE                                     | -51-20   |                                       |  |  | <del></del>                            |  |
| NAME:   |  |  | NAME                                      | 1  |                                       | •  |  | i                                      |  |
| STREET ADDRESS<br>CRTY-SI - ZIP                                     |  |  |   | ET AGURESS                                       |                                       |  | •  | 1                                      |  |
| IIILE   |  |  | _   | -8Y-ZIP  |                                       |  |  |  |  |
| NAME  |  |  | TIRE                                      |  |                                       | ī  |  |  |  |
| STREET ADDRESS  |  |  | STREET                                    | ET ADDRESS                                       |                                       | 1  |  |  |  |
| CTY-81-21   |  |  |   | 57 - ZP  |                                       |  |  |  |  |
| information  <br>findomation  <br>fin officer or<br>agreem in D     | thy that the information supplied with<br>Indicated on this report or supplients<br>director of the corporation or the re- | this filing does not quality<br>mail report to true and acc<br>priver or trustee empower | and to see<br>the state of<br>A pot the c | ricimption sk<br>7 that my sign<br>Culo this rep | Mad in Sec<br>Water shal<br>Mas rooti | tion 119,07(3)(I). Florida Statute<br>I home the samm legal effect as it<br>ired by Chapter 607, Florida Sta | a. I further of<br>made und<br>luige; and fi | certify that the<br>er cath; that I am |  |
| •   | _1 1/ 0 . 13   | C a  | a andre                                   | rgrow.   |                                       |  |  |  |  |
| SIGNATU   | SIGNATURE AND THREE OR   | PROVIDE NAME OF STREET   | ARY                                       | VASIL  | )FF                                   |  | 850-6 <u>6</u>                               |  |  |
|   |  | THE REPORT OF SIGN   | NG CIFFIC                                 | AN OR DIRE                                       | 37 <b>0R</b>                          |  | Jeytime Pho                                  |  |  |

. attachment

## Emerald Coast Hearing Associates, Inc. 1627 Trent Street Fort Walton Beach, FL 32547

June 25, 2003

55054510 HP0H0005865T

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Document Number: P02000058651

To Whom it May Concern:

I would like to request that you reconsider the penalties assessed for the late filing of my Uniform Business Report. As this corporation was new in 2002 and I did not receive my renewal form, I was not aware of the annual filing requirements regarding the UBR. I will endeavor to ensure that future reports are filed timely.

Please find enclosed the signed Uniform Business Report and check number 653 for \$150.00. I would respectfully request an elimination of the penalty owed on this account.

Thank you in advance for your consideration in this matter.

Sincerely,

Mary Vasile f

CERTIFIED PUBLIC ACCOUNTANT

108 BEAL PARKWAY, SW • FORT WALTON BEACH, FLORIDA 32548-5330 (850) 244-4108 • Fax (850) 244-2210

August 12, 2003

**Division of Corporations** P.O. Box 6327 Tallahassee FL 32314

Re: Emerald Coast Hearing Associates, Inc. Document-Number: P02000058651

To Whom It May Concern:

Please find enclosed a copy of the letter sent to the above-referenced client. I am also including a copy of the returned uniform business report and the original request for reconsideration of abatement of the late filing penalties assessed.

Based on my conversation with Mr. Scott at the Department of State today, I understand that the reports were inadvertently separated from correspondence that was submitted. On behalf of the above-referenced client, I would like to request that you reconsider the penalties assessed in the late filing of the Uniform Business Report.

Thank you in advance for your consideration in this matter.

Sincerely,

Karen D. Rones

**Executive Assistant** 

Enclosures